9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

105

PEAS2

CERTIFICATE OF DEATH

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|-----|------|-----|----|-------|---|
| ((: | | | | | |
| Dag | Dist | No. | | | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| county Ann Arundel | State Ohio County |
| City or town. Et Meade Man | |
| How long In above place of death? | City or town |
| Hospilai, institution, or street address where death occurred: | Street No. Rt #4. |
| Station Hospital, Ft. Meade How long In hospital or institution? 15 minutes | 2.(a) If veteran, name war. |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Gideon P. Allen | o. (o) betati betati, Name |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male white married | 20, DATE OF DEATH July 31 19.47 , at 8:45 A.M |
| 6.(b) Name of husband or wife Betty N Allen | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31 19.47 |
| 7. Birth date of May 24, 1929 | and that I last saw h im alive on July 31 18.47 |
| deceased (mo., day, yr.) | Immediate cause of death |
| 8. AGE: Years Months Days If less than one day 2 | asphysica |
| | Asphyvia 5 min |
| 9. Birthplace(Town, eounty, end state) | Due to Laryngeal edema, acute 20 min |
| 10. Usual occupation. Regular Army Soldier | Allower to |
| 11. Industry or business U. S. Army | unknown substance unknown |
| Tt. massiy or secured | Diher conditions. |
| 12. Name uck | REPUR Pulmonary edema (Include pregnancy within 3 months of death) |
| | |
| 14. Malden name | Major findings of operations Tracheotomy July 31 47 |
| 16 Informant U.S. Army | Antensy results Automotive Co. 1 |
| Address Ft. Meade, Maryland | PHYSICIAN: Please underline the cause to which death should he charged statistically. |
| | 22. VIOLENCE: If death was due to external causes, till in the following: |
| (Burial, cremation, or removal, Which?) (month) (day) (year) | Accident, sulcide, or homicide |
| Cemetery or crematory Washington Courthouse | Where did injury occur? |
| Location Washington Courthouse, Ohio | Injured al home, farm, Industry, pub ¹¹ c place (where?) |
| 18. Funeral director. Lilly and Zeiler, Inc. | Msans of injury Injured at work? / 43 |
| Address 403 S Wolfe, St. Balto. 31, Md. | Willeson MD 19, V |
| 19. 8/2 19. 477 (W. Nedrich Registrar) | 23. SIGNATURE M. D. of other Address The Med Y- Wearly Med Date signed 47 |

Č

1. PLACE OF DEATH: County Anne Arundel

City or town Crownsville State Hospital, Maryland

FOR BINDING RESERVED

MARGIN

WRITE PLAINLY, is especially PLEASE

CERTIFICATE OF DEATH

| AL RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother) |
|--|
| aryland Couoty Baltimore (If outside city or town limits, write RURAL and give nearest town) |
| 1005 N. Arlington Ave. (If rural, give LOCATION) |
| - Y |

| How long in above place of death?10years, 8months, 7. days | City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1005N. Arlington Ave (If rural, give LOCATION) 2.(a) If veteran, name war. |
|---|---|
| 3. (a) FULL NAME NORMAL BAKER | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Negro Married | MEDICAL CERTIFICATION 20. DATE OF DEATHJuly 7 |
| 6.(6) Name of husband or wite | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 |
| 8. AGE: Years Months Days If less than one day 35 ? ? | Glandular Tuberculosis Known to us since June 20, 1945 |
| 10. Usual occupation Farmer 11. Industry or business 12. Name Unknown 13. Birthplace 14. Maiden name Unknown 15. Birthplace 1 | Due fo |
| 2 15. Birthplace 16. Intermant. Hospital Records Address Crownsville, Maryland 17. Council (Burial, compation, or removal White) Cemetery or seemelesy of a factor (month) (day) (year) Location of the factor | Autupsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following; Accident, suicide, or homicide |

Registrar Address Crownsville, Mary Kand



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

aftimore /

CERTIFICATE OF DEATH

U5686

| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Marvland Couoty A.A. City or towo Annapolis (If outside city or town limits, write RURAL and give nearest town) Street No. 222 West St. (If rural, give LOCATION) 2.(a) if veteran, name war World War 3. (b) Social Security Number |
|---|---|
| x William J. Baldree | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 6.(b) Name of husband or wife Helen B Baldree 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Aug 18, 1908 | 21. I CERTIFY that death occurred on the date above states accommended of the date above states accommended on the date above states accommended on the date above states accommendate accommendate sauce of death. Description of the date accommendate |
| 8. AGE: Years Months Days If less than one day 38 10 19 hrshrs. | Fracture of Skull |
| 9. Birthplace North Carolinia (Town, county and state) 10. Usual occupation Respectively and state) 11. Industry or business Restaurant & Sau. 12. Name John A. Baldree 13. Birthplace N.C. 14. Maiden name Martha Ann Moye 15. Birthplace N.C. | Due to |
| Address 222 West St. Annapolis, Md. 17. Burial Date thereof. July 9, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Greenwood Cemetery. Location Greenville, N.C. 18. Funeral director. Ben L. Hopping & Son Address 170-172 West St. Annapolis, Maryland 19. July 9, 1947 | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, on homicide Where did injury occur? Occurry Daniel (City or town) (City or town) (City or town) (County) Injured at home, tarm, industry, public place (where?) Means of injured the cause of the county of the cou |



the same Asset to

MARYLAND STATE DEPARTMENT OF HEALTH

940 2411 N. Charles St., Baltimore

05587

| | CERTIF | ICATE OF DEATH | Reg. Dist. No |
|--|--|---|--|
| 1. PLACE OF DEATH: County | Ih occurred: | Street No. (if outside cit or tow | |
| 3. (a) FULL NAME | elbh L | Boettcher | 3. (b) Social Security Number |
| Male White | 6.(a)Single, married, widowed, or divorce Married | 2D. DATE OF DEATH. | AL CERTIFICATION 2 / 1947 at 43 date above stated: that traffended deceased from |
| 7. Birth date ot deceased (mo., day, yr.) 8. AGE: Years Maths | 5. (c) If alive, 2 age | years and that I last saw h | 18 4) lo pro 19. |
| 9. Birthplace | polis Ma hty and state) Bld at | Due to Head from | celin Du |
| 11. Industry or business Charles 12. Name | oli High Sel | Other conditions | ithin 8 months of death) |
| 14. Malden name | poli md | | Dale ot op |
| Address Address | olio Md. | Autopay results PHYSICIAN: Please underline the can 22. VIOLENCE: It death was due to ext | se to which death should be charged statistically. |
| (Burial, cremation, or remoyal, Which?) Cemelery or crematory. | Date Ihereot(month) (day) (3 | 1741 | Dale ot |
| Location | Jaylor. | Injured at home, tarm, industry, public s Means of injury | Injured at work? |
| Address (1822) 19. July 22, 19. 47 | apole M | Sch 23. SIGNATURE ZEONGE | M. D. or other Dale signed 7-2/ |

(H) MARGIN RESERVED FOR BINDING

A15 SN

JUL 23 1947

2411 N. Charles St., Baltimore

05688 No. 21

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County Anne Arundel | |
| City or town | state Maryland county Anna Arundel |
| | City or town Woodlawn Beach (If outside city or town limits, write RURAL and give nearest town) |
| Now long In above place of death? | |
| Emergency Hospital | Sireei No. Rural (If rural, give LOCATION) |
| How long In hospital or Institution? 5 hrs | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3.(b) Social Security Number |
| Marris E. Brady | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| | 20. DATE OF DEATH July 29 19.47 at |
| m w married | |
| 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 19 |
| 7. Birth date of | and that I last saw h. 1. 7. 211ve on 7. 27. 47 12:49/19 |
| | Immediate cause of death |
| o. Ada. | |
| 3/ 7 0hrs.'min. | (leute alevralemine: |
| 9. Birihplace Maryland (Town, county, and state) | Due to |
| (Town, county, and state) | |
| 10. Usual occupation Painter | Due to. |
| 11. Industry or business | |
| | Other conditions level Period |
| E 12. Name Alfred Brady 13. Birthplace Maryland | Ola da nome Oftremetros- obdance |
| 質 14. Maiden name Sarah Ward | (Include granancy within 3 months of death) |
| | Major findings of operations. |
| ≥ 15. Birthplace Maryland | Date of op. |
| 16. Informant Mrs Nettie Brady | Autopsy results |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address Woodlawn Beach, A.A. Co., Md. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide |
| | Where did in Jury occur? Washlank Beach (C. A. Co. Pul) (City or town) (County) (State) |
| Comelery or crematory 770 Zeom Carrelling | (City or town) (County) (State) |
| Location Mile Zeem 99.Co. Mile | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director. Ben L. Hopping and Son. | Means of Injury Cigary to burns (q a4/sinjured at work? |
| | ET 1 L B. 12, 1:08. |
| Address 170-172 West St. Annapolis Md. | 23. SIGNATURE AND FACAL - Welfet - FAC desella mine. |
| 19 July 28 19 47 / - Denal | |
| (Date rec'd by registrar) Registrar | Address Casemo mil Date signed 7/22/47 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

VS 150

| BALTIMORE | CITY HE | ALTH D | EPAR | TMENT |
|-----------|---------|--------|------|-------|
| CERTIF | ICATI | E OF | DEA | TH |

Registered No. 2/

| 1. PLACE OF DEATH: and dientel | 2. USUAL RESIDENCE OF DECEASED: |
|--|--|
| (6) Baltimore City, Maryland | (a) State (b) County 05689 |
| (b) Street address 140 martes & | (c) City or town ampelio |
| (c) Hospital or institution: | (If outside city or town limits, write RURAL and give town |
| | (d) Street No. 140 market St |
| (d) Length of stay in hospital or inst. (yrs., mos., or days) | (e) Citizen of foreign country?(Yes or No |
| (e) Length of stay in Baltimore (yrs., mos., or days) | If yes, name country |
| 3 (a) FULL NAME mannel matel | da. Brooks |
| 3 (b) If veteran, name war 3 (c) Social Security Account | MEDICAL CERTIFICATION |
| No. U 40 KOLTINIARO | _ 20. DATE OF DEATH July 7 1947 at 9 an |
| 4. Sex 5. Color or race 6 (a) Single, married, widowed, or | |
| 4 e divorced. | ed deceased from 25-194), to July 719.47 |
| (b) Name of husband or wife | 11 11 11 11 11 11 11 11 11 11 11 11 11 |
| 6 (c) If alive, give age year | the first and the first of the contribution of |
| 7. Birth date of deceased (mo., day, yr.) May 6-187 | 6 |
| 3. AGE: Years Months Days If less than one day | 1 whichoris of Crohneys 5 yrs |
| 71 hr. ,mi | n. Due to The day from |
| 9. Birthplace Brooklyn mo | or tudowy furing |
| (Town, county, and state) | Due to |
| 0. Usual Occupation | 4. Kidnysmand 9. agu |
| 1. Industry or business | Other Conditions The - drugger |
| 12. Name John 7 tenes | (Include pregnancy within 3 months of death) PHYSICIAN |
| 13. Birthplace Blow Selen me | Date of operation |
| * file of | Major findings of operation: cause to which death should he |
| 14. Maiden Name | charged stati |
| 15. Birthplace | of autopsy:tically. |
| 16 (a) Informan | 22. If death was due to external causes, fill in the following: |
| (b) Address / 40 market SY | (a) Accident, suicide, or homicide |
| 17 (a) Secure (b) Date thereof why 10-191 | (b) Date of occurrence at |
| (Burial, cremation, or removal) (month) (day) (year | r) (c) Where did injury occur? (City or town) (County) (State) |
| (c) Cemetery or crematory | (d) Did injury occur about home, on farm, industrial place, in publ |
| Location | place? While at work? While at work? |
| 18 (a) Funeral director | (e) Means of injury |
| (b) Address A Shartly aw | 23. Signature M.) Klewans |
| 19 (a) Jely 8-47 a. W. Yde sui | M. D. |
| (Date rec'd by registrar) Registrar | Address 2 Date signed 7/1/4 |

2411 N. Charles St., Baltimore

DECOD

| U | N | 0 | J | U |
|---|---|---|---|---|
| | | | | |

| / | | | CERTIFICAT | E OF DEATH | Reg. Dist. No. |
|---|---|---|-----------------------------------|--|---|
| City or town Great How long in above plac Hospital, Institution, o Crownsvil | Tundel The death? | arylan oth? ospita | RURAL and give nearest town) | City or town.Baltimore | Of mother) County |
| 3. (a) FULL NAM | IE | | | | 3. (b) Social Security Number |
| | BESSIE | | ie, married, widowed, or divorced | | |
| 4. Ser Female | 5. Color or race | | ingle | | CERTIFICATION |
| 6.(b) Name of husband 7. Sirth date of deceased (mo., day, | | | (c) It allive, give ageyears | 21. I CERTIFY that death occurred on the date a | 94.7 to |
| 8. AGE: Year | WAIRWING WILL | Oays | It less than one dayhrsmin. | 1 | Peresis DURATION Known to us since May 5, 1947 |
| 10. Usual occupation. 11. Industry or busines ∝ I | Housework | K | atate) | Due to | tis Known to us |
| x | Unknown | *************************************** | | Major findings of operations | since May 5,1947 |
| 17(Burial, cremation Cemetery or cremation Location | neville Sta n, or removal. Which?) ory Mouse A Cour Kutte | Date the Cal | d out | Antopsy results. PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external c Accident, suicide, or homicide. Where did Injury occur? (City or town Injured at home, farm, industry, public place (Msans of Injury) 23. SIGNATURE Crownsville, Mar | which death should be charged statistically. causes, fill in the following: Date of (County) (State) (where?) Injured 24 work? |

MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, is especially

PLEASE WRITE

VS A15

(Date rec'd by registrar)

1. PLACE OF DEATH:

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correct

MARYLAND STATE DEPARTMENT OF HEALTH Revera Buch

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 958

Reg. Dist. No ...

| State Sity or town Aud | sla Black | . Colored |
|--|--|---|
| (If outside city or | r town limits, write RURAL and give near | rest town) |
| Street Na(I: | f rural, give LOCATION) | |
| 2.(a) If veteran, name war | | |
| 00 | 3. (b) Social Security 1 | 2 6 |
| lunghon | 216-20- | 0003 |
| MEDI | ICAL CERTIFICATION | 1.15 |
| 20, DATE OF DEATH. | ky 13 1947 | 21/2/9 |
| 21. I CERTIFY that death occurred on | the date above stated; that I attended decan | ed from |
| Migust | 19.47 10 July | 13 19 4 |
| and that I last saw butalive | on July 129 | 19 |
| mmediate cause of heath | | DURATION |
| Rhume | lie Heart Straig | 1040 |
| 01 | tis Fever | |
| Due to | us Twee | •••••• |
| | | ****************** |
| Due to | | |
| | · · · · · · · · · · · · · · · · · · · | ******** |
| Other conditions | • | *************************************** |
| (Include pregnan | cy within 3 months of death) | |
| Major fiediogs of operations | | |
| | Date of op | |
| Autopsy resultsPHYSICIAN: Please uoderlioe the | cause to which death should be charged | statistically. |
| 22. VIOLENCE: If death was due to | o external causes, fill in the following: | |
| | Date of | |
| Where did Injury occur?(Cit | ty or town) (County) | (State). |
| injured at home, tarm, industry, pub | | |
| | Injured at work2 | |
| Meens of Injury | | |

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially PLEASE A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05692 (

CEPTIFICATE OF DEATH

| CERTIFICAT | E OF DEATH Reg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH: County County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or institution? 1. Odays 3. (a) FULL NAME | 2. USUAI. RESIDENCE (HOME) OF DECEASED: (Fore-rewholm infants give residence of mother) State |
| BUTLER - EDWARD H. | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Black Brassies | MEDICAL CERTIFICATION July 16, 47 11:18 |
| 6.(b) Name of husband or wife Mattie S. Butler 6.(c) If allve give age years | 21. I CEBBLEY that death occurred on the date above stated; that 1 at landed deceased from 19.2.7. and that I last saw h |
| 8. AGE: Years Months Days If less than one day 65 Days in less than one day | Immédiane mail data de la companio del companio de la companio de la companio del companio de la companio del companio de la companio de la companio de la companio del companio de la companio de la companio de la companio de la companio del companio del companio del companio de la companio del companio |
| 9. Birthplace (20 h, county, and state) 1D. Usual occupation. | Due to |
| 11. Industry or business 12. Name Sutter 13. Birthplace Orsey, mo | Dther conditions |
| 14. Malden name luctives Culver 15. Birthplace Maryland | Major findings of operations. |
| 16. Informant Watter B. Butter | Antapay results. PHYSICIAN: Please underfine the cause to which death should be charged statistically. |
| Address Date (hereof. 19, 1947) (Burial, cremation, or removal, Which?) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accidenf, suicide, or homicide |
| Location Wordly Mil. | Where did Injury occur? |
| 18. Funeral directorus. Cow. A. D. D. D. Chen. | Means of injury fnjured at work? |
| 19. (Bate rec'd by registrar) Address 19. (Bate rec'd by registrar) | 23. Signature and Whyluster /h' Cromeville, izryland Address Date signed 7/17/47 |

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| MARGIN RESER | TINE ADIOL TOR |
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| 5-15 M | TT |

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| 1. PLACE OF D | Calamana. | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|--|-------------------------------|---|---|--|--|
| City of town Cros | msville. M | aryland | AL and give nearest town) | | | |
| How long in above plan Hospital, institution, rownsvil | ce of death?22 or street address where lle State H | days death occurred: ospital, | | City or town | | |
| 3. (a) FULL NAM | ME | | | | 3. (b) Social Security Number | |
| | JOHN CO | OK | | | 5. (6) Social Security Number | |
| Wale | 5. Color or race | 1 | arried, widowed, or divorced | | CERTIFICATION | |
| | 140 0 | oole | | | | |
| | | | | | 19 | |
| 7. Birth date of | | 6.(e) 11 | alive, give ageyear | | u}y 2 | |
| deceased (mo., day | , yr.) May 20, | TAOT | | Immediate cause of deathGeneral | | |
| 8. AGE: Yea | Months | 12 | It less than one dayhrsmln. | Known to us si | | |
| 1D. Usual occupation | Gardener | | e) | Due to | | |
| 11. Industry or busine | | | | | | |
| E | 4644Y.1944 | ******************* | *************************************** | Other conditions | | |
| | Harley | | | (Include pregnancy within | 3 months of death) | |
| 14. Malden name | , Unknown | • | | | Rate of on | |
| | ospital Rec | ords | | Antopsy results. | | |
| | | | pital, Maryland | | which death should be charged statistically. | |
| 17(Burial, cremation | on, or removal, Which?) | Date thereof | 7 5 H 7 (phonth) (day) (year) | | Date of | |
| Cemetery or crema | tory nast | 1927 | own greet | | n) (County) (State) | |
| Location | 11.1 | Lu . | Lukus | Injured at home, farm, Industry, public place Mesns of Injury | (where?) | |
| 18. Funeral director. Address | 653 | u. Qu | we new | 23. SIGNAJURE COOP THE | vocustan M.D. | |
| 19 Date rec'd by | 3 1947 | | Hoga As Zak | | M. D. or other | |



05694 Reg. Dist. No. 2/

| LICATE | OF | DECE. | ACED. |
|--------|----|-------|-------|

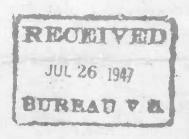
48

| 1. PLACE-OF DEATH: Orundel | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|--|--|--|--|
| City or town(If outside city of town limits, write RURAL and gry nearest town) | State County County | | |
| How long in above place of dealh? | City or lown (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | Street No. | | |
| How long In hospital or Institution? | (If rural, give LOCATION) | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| Margaret Mon | re Cranl | | |
| 4. Sex 5. Color or race 6. of Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Tenale While Single | 20. DATE OF DEATH | | |
| 8,(b) Hame of husband or wife | 21. I CERTIFY trait dotte occurred on the date above stated: that latteded deceased from | | |
| 8.(c) if alive, give age years | and that I last saw in the after on the part of the pa | | |
| deceased (mo., day, yr.) Cycle 6 th 1404 | Immediate cause of death | | |
| 8. AGE: Years Month Bays It less than one day | 1 generally a rentality Sing | | |
| ula & hill Mars | Due to Rugline 7 | | |
| 9. Birthplace | agent Coronaux cue | | |
| 10. Usual occupation. | 2000 10 The lode 7 the 7/1847 | | |
| 11. Industry or business 4. 4. 6 and the state of the sta | · Wens | | |
| 12. Name. Mass. | Other conditions | | |
| S JANDA SKANI | (Include pregnandy within 3 months of death) | | |
| 14. Maiden name | Major findings of aperations. 1 And Marin 7/14/47 | | |
| 111. Plin R. Cane | Autopsy results. | | |
| 18. Informant | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| 0 - 1 - 10 - 1 - 10 1 - | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burlal, cremation, or removal, Which?) Oate thereof. (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) | | |
| Location Location | Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? | | |
| 18. Funeral director | (0)10 218 (0 0100 | | |
| Address Unicapales Maryland | 3) SIONATURE CLIP X L. CUISONOU ME. J. | | |
| 19 July 23, 19 41 | M. D. or other | | |
| (Date rec'd by registrar) | AUGUESS | | |

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15



PLEASE

VS A15

correct age

2411 N. Charles St., Baltimore

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05695

CERTIFICATE OF DEATH

eg. Dist. No. 2/

| X / | Reg. Dist. No. |
|--|--|
|). PLACE OF DEATH: OPEN OF S | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
| gounty | State Maryland County China armalel |
| City or town | st town) City or town Comphyli 2nd |
| How long in above place of death? | (If outside city or pwn livits, prite RURAL and give nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 149 One des S. |
| | (If rural, give LOCATION) |
| Now long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME Eliza Lather | 3. (b) Social Security Number |
| 4. Sex 5. Color or race B.(a) Single, married, widowed, or di | vorced MEDICAL CERTIFICATION |
| 7 N. Widow | July 20 " 1040 |
| 9 48- | 2D, DATE DF DEATH |
| 6.(b) Name of hueband or wife | 21. I CERTIFY that death occurred on the date above etated; that I plended deceased from |
| B.(c) If alive, give age | years le la |
| 7. Birth date of deceased (mo., day, yr.) | 8 7 7 and that I last saw hallye on |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death |
| 109 9 24 hrs. | 7-7-6 |
| A d' mad | |
| 8. Sirthplace(Town, Junty, and state) | out of lution al Nitrate House |
| 1D. Usual occupation. | Much |
| | Our Cara mus to sea short |
| 11. Industry or burgese | Diter conditions Primary site: Sigmoid & Well |
| 12. Name Joseph magle 33. Birthfare Manyland. | 0, 1, |
| | (Include pregnancy within 3 months of death) 9/3/47 |
| 14. Maideo name Bary William 15. Birthplace Mary land | Major findings of operations. |
| \$ 15. Birthplace Large Lange | Date of op. |
| 16. Informant Mes Of when h. Jones | Actopsy results |
| 1110 0 9 9 6 8 1/1 | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 44 m aco si, comes | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide |
| Poder Black | Where did injury occur? |
| Cemetery or cremater | |
| Location Location | Injured at home, farm, industry, public place (where?) |
| 18. Funeral director | Mssns of Injury Injured at work? |
| Address ((Company) | All Alle Comments |
| T 1 2/ 1/7 764 | 23. SIGNATURE M. D. or other |
| 19 Clay 2 18 4 | Registrar Address Augustothes Med Date eigned 7 120 /4" |
| I LANG ACC O ME (CENSULAL) | AND THE RESERVE OF THE PARTY OF |

VS A15 9.45.15M PLEMSE WRITE PLAINL is especia

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

| 8 | | | | |
|---|-------|-----|------|--|
| | Dist. | No. | | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|---|--|
| CountyAnne Arundel | | |
| City or town | State Maryland County | |
| | City or town | |
| How long in above place of death? | | |
| Crownsville State Hespital, Grownsville, Md | Street No | |
| How long in hospital or institution?12 years it months, 17 days | | |
| 3. (a) FULL NAME | | |
| J. (b) I OLL RAME | 3. (b) Social Security Number | |
| 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced | | |
| | MEDICAL CERTIFICATION | |
| Female Negro Married | 20. DATE DF DEATH | |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| 6.(b) Name of husband or wife | 7-7- 27 10 | |
| 7. Birth date of | Index 23 | |
| deceased (mo., day, yr.) Unknown to us | | |
| 8. AGE: Years Months Days If less than one day | Hypertensive cardiovacular disease | |
| 61 ? ?hrsmin. | | |
| i amananis. | Known to us since | |
| 9. Birthplace | Due to | |
| | | |
| 10. Usual occupation | Due 10 | |
| 11. Industry or business | | |
| 12. NameEdgar Lucas | Diter conditions Kental Deficiency Known to us | |
| 12. Name | | |
| | (Include pregnancy within 8 months of death) | |
| 14. Malden name | Major fiediogs of operations. | |
| E 15. Birthplace Virginia | | |
| 16. Informant Hospital Records | Aotopsy results. | |
| | PHYSICIAN: Please underline the caose to which death should be charged statistically. | |
| Address Crownsville State Mospital, Maryland | 22. VIOLENCE: If death was due to external causes, fill in the following: | |
| (Burial, cremation, or removal, Which?) Date thereof Question (posts) (day) (year) | Accident, suicide, or homicide | |
| Cemetery or crematory. M.L. Callyary | | |
| | Where did injury occur? (City or town) (County) (State) | |
| Location | Injured at home, farm, Industry, public place (where?) | |
| Parlace (A lova) | Means of Injury Injured at work? | |
| 18. Funeral director | 1 0 M. + (h 1) | |
| Address /4/2 6. Presion St | 23. SIGNATURE acob Worgewith [N.] | |
| Sel 47 MARIANA | M, D, or other | |
| 19. (Date rec'd by registrar) Registrar | AddressCrounsville ManylandDate signed7/31/47 | |

VS A15

The cornect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05696 Reg. Dist. No. 23

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
|---|--|--|--|
| County Anne Arundel | (For newborn infants give residence of mother) | | |
| City or town Willersville, Md. R. F. D. (If outside city or town limits, write RURAL and give nearest town) | State Maryland county Anne Arundel | | |
| How long in above place of death? 28 VIS | | | |
| Hospital, Institution, or street address where death occurred: | Street No. Whitneys Landing Road | | |
| | (If rural, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) if veteran, name war NONE | | |
| 3. (a) FULL NAME | 3.(b) Social Security Number | | |
| JOHN GELLERT | NONE | | |
| 4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Warried | 20. DATE OF DEATH July 2 19 47 at & P. M | | |
| 8.(b) Name of husband or wife Christine Gellert | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| (nee) Orzchehowski s.(c) If alive, give ege 77 ye | 18 47 to 1947 | | |
| 7. Birth date of deceased (mo., day, yr.) June 23, 1871 | and that I last saw h | | |
| 8. AGE: Years Months Days If less than one day | Immediate cause of death DURATION DURATION Property (Pmort | | |
| 76 0 9nrs | | | |
| 9. Birthplace Doland (Town, county, and state) | Due to | | |
| 10. Usual occupation Farmer (retired) | | | |
| 11. industry or business Own Farm | Due to | | |
| | | | |
| | The voice of the second | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Elisabeth Ochs Foland | Major findings of operations. | | |
| ≥ 15. Birthplace Foland | Date of op. | | |
| 16. Informant Jacob Gellert | | | |
| Address Millersville, Md., R.F.D. | PHYSICIAN: Please underline the causa to which death should be charged statistically. | | |
| 17. Burial (Burial, cremation, or removal, Which?) Date thereof. July 5, 194 (month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| | | | |
| Cemetery or crematory Meadow Ridge | Where did injury occur? | | |
| Location Washington Blvd. Dorsey Rd. | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director THOMAS W. SINGLETON | Means of Injury Injured at work? | | |
| Address Glen Burnie, Vd. | - Same Land SB clark 41 | | |
| 19. 7-3 (Date rec'd by registrar) 19. 47 WR Palla Registrar) | M, D, or other | | |
| (Date rec'd by registrar) Registrar | Address Date signed | | |



Carl U. Will make William to a finite

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| • | PLAINLY, |
| 9.45-15M | WRITE |
| A15 | PLEASE |
| VS. Al | PLE |

| | / | CERTIFICAT | TE OF DEATH | Reg. Diat. No | |
|---|---|--|---|---|--------------------------|
| | Hospital, institution, or street address when U.S. Naval Hospita | ryland hours, 16 minutes. death occurred: hours, 16 minutes. Maryland hours, 16 minutes. | City or town Cif outside city or town limit Street No. Cif outside city or town limit Street No. Cif outside city or town limit | Anne Arunde | |
| | 3.(a) FULL NAME GLASS, Margaret | Veronica | | 3. (b) Social Security | Number |
| ı | 4. Sex 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL C | ERTIFICATION | |
| ĺ | Female White | Married | 2D. DATE OF DEATH 26 July | 1047 | 1131 A |
| | 6.(6) Name of husband or wife. Georg CCS USN (Retired 7. Sirth date of deceased (mo., day, yr.) 4 Januar | Inactive, give ageyears | 21.1 CERTIFY that death occurred on the date at 12:15 A.M. 26 July and that I last saw her alive on 26 c Immediate cause of death. Cerebral | ove stated; fhat laffended dece 47 10 11:31 A. July | 25ed 106 July M. 1947 |
| - | 8. AGE: Years Months | Days If less than one day 22hrsmin. | Immediate cause of death. Gerebral | Hemorrnage | DURATION 15 hrs. |
| | Housewiness 10. Usual occupation | rien Brien ard Engelke | Autopey I courte | Date of op | 20 yrs. |
| | Address 17 | Date thereof | PHYSICIAN: Please underline the cause to we 22. VIOLENCE: If death was due for external can accident, suicide, or homicide | (County) where?) injured at work? | (State) |



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|------|-------|-----|------|----|
| BC | | | | 9 |
| Reg. | Dist. | No. | **** | - |

| 2411 N. Char | rles St., Baltimore 940 |
|---|---|
| CERTIFICA | TE OF DEATH Reg. 1 |
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASEI (For newborn infants give residence of mother) State |
| 3.(a) FULL NAME Philia Golob | 3. (b) So |
| 4. Sex 5. Color or race 6.(d) Single, married, wildowed, or divorced | MEDICAL CERTIFICA 20. DATE OF DEATH |
| 6.(b) Name of husband or wife 6.(c) If alive, give age 922 7. Birth date of deceased (mo., day, yr.) Open 16, 1879 | 21. I LEKIFT that death occurred on the date above statud, that its and that I last saw h |
| 8. AGE: Years Months Days If less than one day hrs. mit | n. Commany Ocelus. Due to. |
| 16. Usual occupation | Due to |
| 12. Name Not Known 13. Birthplace 14. Malden name Not Known | Other conditions |
| 2 15. Birthplace Juney Jewele 18. Informani James James Decade | Antopsy results |
| Address 17. Buttal (Burial, cremation, or removal, Which?) Oate thereof. (month) (day) (year) | 22. VIOLENCE: tf death was due to external causes, filt in the Accident, suicide, or homicide |
| Location Location Vack Lewis INC | (City or town) (Compared at home, farm, industry, public place (where?) |
| Address 2100 EUTAW PLACE | 23. SIGHATURE E. Peyton Ri |

| 2.(a) if veteran, name war | |
|--|---|
| 3. (b) So | cial Security Number |
| MEDICAL CERTIFIC | |
| 20. DATE OF DEATH | 8 19 47 at 6 15 A. |
| 21. I CERTIFY that death occurred on the date above stated; that | I attended deceased from |
| | |
| and that I last 52W h | |
| Immediate cause of death | |
| 0 0 0 | · · · · · · · · · · · · · · · · · · · |
| Due to. | |
| | |
| Due to | |
| Jue 10 | |
| Olher condillons | |
| Jiner conditions | *************************************** |
| (Include pregnancy within 3 months of dea | th) |
| Major findings of operations | |
| 0 | ate of op |
| Antopsy results | uld he charged statistically. |
| 22. VIOLENCE: tf death was due to external causes, filt in the | |
| Accident, suicide, or homicide | Date of |
| Where did injury occur?(City or town) (C | |
| njured at home, farm, Industry, public place (where?) | |
| | red at work? |

19-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

| 11 | N. | Charles | St | Baltimore | 16 |
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| | 14. | CHALICE | DL., | Determore | |

| | | 0 | 5 | 6 | 9 | 3 | |
|-----|-------|---|---|---|---|---|---|
| eg. | Dist. | N | o | | 7 | 1 | 3 |

| CERTIFICAT | E OF DEATH Reg. Dist. No |
|---|--|
| 1. PLACE OF DEATH: County Stown Stewn Survive P.O., (If outside city or town limits, write RURAL and give nearest town) Row long in above place of death? Hospilai, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: Property Property |
| 3.(a) FULL NAME Levi Harrison | 3. (b) Social Security Number |
| 4. Sex S. Color or race (6.(a) Single, married, widowed, or divorced Male Mego. | MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. STEP M |
| 8,(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Tokin, county, and state) | 21. I CERTLEY that dealh occurred on the date above stated; the comment except of the comment of |
| 11. Industry or business 12. Name | Other conditions |
| Address Clencumb Q. Q. Q. M. 17. (Burlal, eremation, or removal. Which?) Cemetery or crematory Localion 18. Funeral director Sarah Sonor + for Address / 0 8 W Monthly Market Sonor + for Address / 0 8 W Monthly Market Sonor + for Registrar 19. (Dat ree'd by registrar) | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide to the following: Where did injury occur? (City or town) Injured al home, farm, industry, public place (where?) Means of injury Means of injury Maryland (State) Injured at work? Maryland (State) Means of injury Maryland (State) Monor other Address Maryland M. D. or other M. D. or other M. D. or other M. D. or other |

nimi Idanus Eliga Cencer Thomask or a supplied that the same

2411 N. Charles St., Baltimore

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| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) |
|--|--|
| County or town (If outside city or town limits, write KURAL and give nearest town) | State Mary Course County a. G. Co. |
| Now long in above piece of death? | City or town. (If outside city or town limits, write RURA) and give nearest town Street No. 40 5 Gilling are (If rural, give LUCATION) |
| How long in hospital or inetitulion? | 2.(a) It veleran, name war. |
| 3. (a) FULL NAME Mary R. Hart | nann 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced tenche Williams | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| 8.(b) Name of husband or wife. Jun Hartman 8.(c) If alive, give age | 21. I CENTIFY that death occurred on the date above etailed; that I altended deceased from |
| 7. Birth date of decased (mo., day, yr.) Morenber 14, 1870 8. AGE: Years Months Days It less than one day | Immediate canan of death |
| 9. Birthplace Beltinine, Ma | n. Cororo Vascular Tallem 38 |
| 10. Usual occupation. More | Due to 752 Oct |
| 11. Industry or business 12. Name Judalph Strateneyer | Other conditions |
| 14. Malden name unknown 15. Birthplace waknown | (include pregnancy within 8 months of death) Major findings of operations. |
| 18. Informant Myrs. Duna Carenscraft | Antopsy results. PHYSICIAN: Please underline the cause in which death should be charged statistical |
| Address W. Unrapolis, Ivel. 17. Burial (Burial, cremation, or removal. Which?) Bate thereof (month) (dgs) (year) | 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide |
| Cemetery or crematory Mt. Carriel Ceret | (City or town) (County) (State) |
| 18. Funeral director Jaha M. Tay Con 1 San | Means of Injury Injured at work? |
| Address Veluapalis no. | |

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

132

05701

Reg. Diat. No. 21

CERTIFICATE OF DEATH

| T. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | | | |
|--|---|--|--|--|--|
| County | 4. x 100. | | | | |
| (Houtside city or town limits, write RURAL and give nearest town) | State County | | | | |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) | | | | |
| Hospital, institution, or street address where death occurred: | Jost Phron Road. | | | | |
| | Street No. All All All All All All All All All Al | | | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | | | |
| floor. Ha | islip. | | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 1404 | | | | |
| Male white Widnes - | 2D. DATE OF DEATH LALLY 2 20 19 47 at / - M | | | | |
| late bathering. | 21a I CERTIFY that death occurred on the date above stated; that attended deceased from | | | | |
| 6,(6) Name of husband or wife. | James V 1847, 10 July 2 1947 | | | | |
| 7. Birth date of | and that I last saw have alive on July 1947 | | | | |
| deceased (mo., day, yr.) (seley 15 = 1868. | Immediate cause of, death | | | | |
| 8. AGE: Years Months Days If less than one day | Cerebral Nacuor Tage 3 ms. | | | | |
| 78 - 4. 011 017hrsmin. | / | | | | |
| 9. Birthplace Towns country and state) | Due to | | | | |
| 10. Usual occupation Last road ture. | | | | | |
| Pt-11 | Due to | | | | |
| The tributal of the state of th | Il sheiting 2 mes, | | | | |
| 12. Name Balling A. Harley | Other conditions | | | | |
| # Attacaged Tout land | (Include pregnancy within 8 months of death) | | | | |
| 14. Maiden name | Major Endings of operations. | | | | |
| 15. Birthplace parties a desputy (a | Date of op | | | | |
| 16. Informant My Olivers : I Haslup | Autopsy results | | | | |
| Address 1745 To Charles of to | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | |
| AUDITESS / / C / C / C / C / C / C / C / C / C | 22. VIOLENCE: If death was due to external causes, fill in the following: | | | | |
| (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide | | | | |
| Cemetery or crematory bldar Stell Oll - | Where did injury occur? | | | | |
| Location Lettelier Flughersays | Injured at home, farm, industry, public place (where?) | | | | |
| the Coping the | Means of Injury Injured at work? | | | | |
| 18. Funeral director | 0 2 1 5 | | | | |
| Address 40/- 9/3 Address | 23. SIGNATURE Phas & Dall In 8 | | | | |
| 19 /7/5 1947 awxedrich | 23. Sibrature M. D. or other 7-2-47 | | | | |
| 19. (h) registrar) Registrar | Address A Date signed . | | | | |

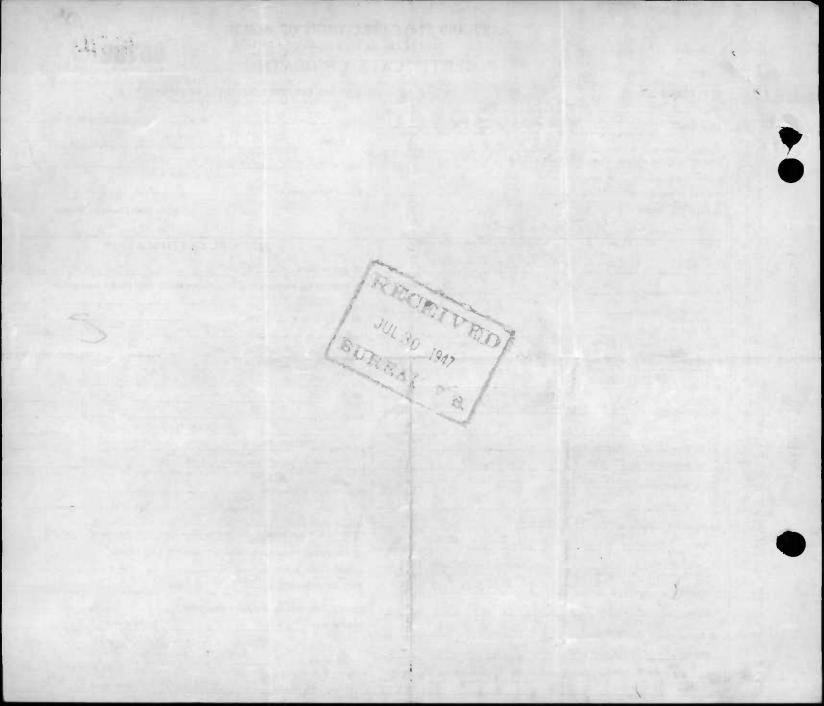
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore & Tol. CERTIFICATE OF DEATH

05702 A

| 1. PLACE OF DEATH: a sundel | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|---|
| County. | State 22 County 24 |
| (If outside city or town limits, write RURAL and give nearest town) | City or town (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. 430 N. Boundry ST. |
| | (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) If veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Conrad Lee Hell | UNKNOWN. |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| m. W. morried. | 20. DATE DE DEATH Sully 2 7 19.47, at 1. M |
| 6.(b) Name of heavend or wife Haceline Benson | 21. I CERTIFY that doubt occurred on the date above stated; that I attended deceased from |
| 6.(c) 11 alive, give age 4 5 years | |
| 7. Birth date of deceased (mo., day, yr.) Weakeh 25-1901 | and that I last saw h |
| 8. AGE: Years Months Days It less than one day | Immediate cause of death |
| 46 4 2nrsmin. | Success . |
| 9. Birthplace Leabswille, N.C. | Due to Coronary selevanis ? |
| (Town, county, and state) | acute congession of visite. |
| 1D. Usual occupation | Due to. |
| 11. Industry or business annow Textyle Company. | Scenars of and and |
| 12. Hame 12. | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| HE 14. Maiden namearma/Redman 15. Birthplace N. C. | Major findings of operations |
| X 15. Birthplace | Date of op. |
| 16. Intermapilate P. 15-Hell | Autopsy results SW 70 2 |
| Address Fort leege & mede. Wid. | PHYSfCIAN: Please underline the cause to which death should be charged statistically. |
| 17 Ship To Date thereof July 28, 1947 | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| (Burlal, cremation, or removal, Which?) (mouth) (day) (year) | Accident, suicide, or homicide |
| Cemetery or crematory LECIEY FUNCYOLI HOME. | Where did injury occur? |
| Location Salish Usy Na Oa | Injured al home, farm, Industry, public place (where?) |
| 19. Funeral director Thomas to. Dengleton | Means of Injury Injured at work? |
| Address Glew Burnie 2nd. | Gustane X Foulestrut' |
| nagus MR DENL | 23. SIGNATURE |
| 19. (Data red'd by registrar) Registrar | Address Islew Burnel. ma Date signed 7/27/X2 |



Registrar

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

05703

M. D. or other

| | 0 | | |
|---|-----|-----|---|
| | 36 | | 1 |
| (| 00 | 18 | 1 |
| | 400 | | |
| | 9 | bly | 1 |

CERTIFICATE OF DEATH 1. PLACE OF DEATH: arendol. If outside city or wn limits, write RURAL and give nearest town carefully How long in above place of death?..... Hospital, institution, or street address where death occurred: information care of death clearly How long in hospital or institution? 3. (a) FULL NAME 4. Sex item of i ADING INK. Supply every i 7. Birth date of deceased (mo., day, yr.) Days Il less than one day Years 8. AGE: ounty, and state) 10. Usual occupation 11. Industry or business 12, Name .. important 13. Birthplace 14. Malden na 15. Birthplace 14. Malden name especially PLAINLY, is especially Date thereo: (month (dsy) (year) PLEASE WRITE 18. Funeral director Address

| State M d. Cour | u Q.a. C | 0. |
|---|---|---|
| Que a a ma | lis | *************************************** |
| (If outside city or toval limits | write RURAL and give ne | arest own) |
| Sireel No. 35 (If rural, give | LOCATION) | squar |
| 2.(a) If veteran, name war | | |
| | 3. (b) Social Security | Number |
| | o. (o) bocini becarity | Transcr. |
| MEDICAL CE | RTIFICATION | |
| | 7 19 42 | al 10 A |
| 21. LCERTIFY that death occurred on the date about | | |
| 21. ACENTER 1 that death occurred on the date about | 12. 1. 1. 1. | 19.4 |
| 1/- | 1 3-6 | 2 |
| and that 1 last saw had alive on | | 19 |
| Immediate cause of death | lilerus | DURATION |
| Carcenona, | george de la fe | 101 |
| mind descen | | - |
| Due 10. | | |
| ·4 | *************************************** | *************************************** |
| Due 10 | ••••••••••••• | |
| | | |
| Other conditions | | |
| | | |
| (Include pregnancy within 3 n | onths of death) | |
| Major findings of operations | | |
| | Date ol op | |
| Autopsy results | | statistically. |
| 22. VIOLENCE: If death was due to external caus | ses, fill in the following: | |
| Accident, suicide, or homicide | | |
| | | |
| Where did Injury occur?(City or town) | (County) | (State) |
| Injured at home, farm, Industry, public place (wh | ere?) | |
| Means of Injury | Injured at work? | |
| | | |

BINDING FOR RESERVED MARGIN

(Date rec'

by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 182

| 1 | \ | | CERTIFI | CATE | OF DEA | TH | | Reg. Di | at. No. | . 0 |
|--|------------------|-------------|----------------------------------|-------------------|--|------------------|--------------------|--|---------------|----------------|
| County City or town. (If outside city or town limits, write RURAL and give nearest town) low long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Joannh Clay Hopshin | | | | State City (| SUAL RESID (For newborn in town in town (if o | infants give res | County own limits. | vrite RURAL | and give near | rest town) |
| 4. Sex | 5. Cofor or race | 6.(a)Single | e, married, widowed, or divorced | | | MEDIC | CAL CEF | RTIFICAT | TION | The Party |
| M | C | | S | 20, D | ATE OF DEATH | | July | 26 | 19.47 | 1 4 00 PH |
| | | | March March | | CERTIFY that dea | | | 1 | | |
| 6.(b) Name of husband o | | | | | | | 19 | 10 | | 19 |
| 7. Birth date of | 0 | .4, 194 | e) If alive, give age | and T | iat i iast saw ii | ailve on | | | | 19 |
| deceased (mo., day, yr | Months | Days | It less than one day | Imm | diate cause of d | leath | | | | DURATION |
| 8. AGL: | 3 | 22 | hrs. | mln. | Λ. | 0 | .T.:. | ······································ | | |
| 11. Industry or business | hm | | Hoplin | Bue t | conditions | Hreat | Tin | | | |
| 12. Name | | vood | mal. | | | lude pregnancy | | -the of death) | | 4 |
| # 14. Maiden name | Marga | rel à | Menay | | | | | | | |
| HI 14. Maiden name | pul | with | y md | Majo | findings of ope | erauos | | | of op | |
| 16, Informant | . 1 | ovel n | Hopline | PHY | psy results SICIAN: Please | underline the c | ause to whic | h death should | | statistically. |
| 17 | or removal Which | Bate there | 1 h. 2. E 1 | G4/ ear) Accid | FIOLENCE: If de ent, suictde, or t a did Injury occu | nomicideQ | enden | J 8 | ate of | Ly 26, 154 |
| Location | Vut 1- | Live | Sull X A | , | d at home, farm, s of Injury | Industry, public | | e?) | | |
| Address 19. (Date red'd by red) | Halu Galu | velle. | Ind. Ola | 23. | SIGNATURE | E. P. cij | tmk | itely met | M. P. | n. D |

PLAINLY, WITH UNFADING INK. Supply every item of information cerefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

WRITE

PLEASE

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PLEASE

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

057058 Reg. Dist. No.

| County Anne Arundel City or town Crownsvilleyn Mary Land dive nearest town) How long in above place of death? Crownsville Crownsville Md. Crownsville State Hospital , Crownsville Md. How long in hospital or institution? years , 5 months , 2 days | | | | | |
|---|------------------|------|----------------------------------|---|-------|
| 3. (a) FULL NAM | IE . | | morrorro y a way o | 3. (b) Social Security Number | er |
| | RAYMONI | HOM | ARD | | |
| 4. Sex | 5. Color or race | | e, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| 2007.0 | wegro | 30 | sparaced | 20. DATE OF DEATH | |
| 6.(b) Name of husband or wife | | | c) If altre, give ageyears | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fobruary 4 | |
| 8. AGE: Year | Ulluluni | Days | It less than one day | Immediate cause of deathLungtuberculosis | |
| 9. Birthplace | | | | Due to | |
| 12. Name | | | | Other conditions Schizophrenia, Hebephrenic Type (Include pregnancy within 3 months of death) who us | since |
| 14. Maiden name | Mary James |) | | Major fiedings of operations | |
| 16. InformantHo | spital Reco | ords | | Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistic | alty. |
| Address Crowngvillo State Hospital, Maryland 17. Bunal (Burial, cremation, or removal Which? Cemetery or crematory. Mt. Coalway Location. G. G. Go., Many Land 18. Funeral director Villian G., Jakhean Address 916 Penns, We. Baeto-1, Md. | | | | 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide | |
| 19. (Date rec'd by registrar) 19. 47. Shu He drill Din Registrar | | | the Hedril | 23. SIGNATURE M. D. or other Address Crownsville Maryland Date signed 75 17 | |

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PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

Address annapalis, Mil Date signed 7/

05706

CERTIFICATE OF DEATH

| CERTIFICAL | Reg. Diat. No. | |
|--|--|-----------------|
| County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State | own) |
| 4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced Februale Hute. Married 6.(b) Name of husband or wite | MEDICAL CERTIFICATION 2D. DATE DF DEATH | |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Pays it less than one day hrs. min. 9. Birthplace Yown, eounty, and atate) 10. Usual occupation. | and that I last saw how alive on John State of Samuel Samuel at Carlot Samuel S | DURATION O min |
| 11. Industry or business 12. Name Langue Maj 13. Birthplace 14. Maiden name Late Laguer 15. Birthplace Salturare Maj | Other conditions | |
| Address Address Date thereot (mosety, Voar) Cemetery or crematory of the control of the contr | Autupsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistic. 22. VIOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide | |
| 18. Funeral director. | Injured at home, farm, Industry, public place (where?) Misens of Injury Injured at work? | |

Registrar

VS A15

DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

310

O HOUSE DECIDENCE (LLOBATE) OF DECEASED

05707 Reg. Dist. No.....

| City or town | City or town |
|--|---|
| 3. (a) FULL NAME Lacy B. Jackson | 3. (b) Social Security Number |
| 4. Sex 5. Color of race 8. (a) Single, married, widowed, or divorced Fercale. White Widow. 6. (b) Name of husband or wife. Assistance G. (c) It alive, give age | MEDICAL CERTIFICATION 20. DATE OF OEATH |
| B. Birthplace (Town, county, end state) 10. Usual occupation 11. Industry or business 12. Name | Due to |
| 16. Informant Address David Bate thereof (Buriai, cremation, or removal. Which?) Cemetery or crematory Location Dallawill Mills Location Dallawill Mills Control Location Lo | Autopsy results |
| Address /4W & Sharles St 19. 7/14 47 Shu Hedred (Date rec'd by registrar) | 23. SIGNATURE Lustage Atlantes M. D. or other Address Plew Burnie M. D. or other 47 |

2411 N. Charles St., Baltimore

05708

| | | | 7 | 2 |
|--------|-------|-----|---|---|
| Zeior. | Dist. | No. | 2 | 0 |

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH: | | | | 2. USUAL RESIDENCE (HOME) | OF DECEASED: | |
|--|---------------------------------------|------------|----------------------------------|---|---|--|
| county Anne Arundel | | | | (For newborn infants give residence of mother) State | | |
| City or town Garland Linthicum Heights Md. (If outside city or town limits, write RURAL and give nearest town) | | | um Heights, Md | Garland / Lir | thicum Hehte Ma | |
| How long in show place of the | alh? | 4 | Months | City or town Garland (Lir | its. write RURAL and give nearest town) | |
| Hospital, Institution, or street | | | | Street No. 102 Poplar | | |
| | | | | (If rural, giv | re LOCATION) | |
| How tong in hospital or inst | tution? | | •••••• | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security Number | |
| | MAR | Y B.J | ENKINS | | NONE | |
| 4. Sex 5. | Color or race | | e, married, widowed, or divorced | MEDICAL O | CERTIFICATION | |
| Female W | nite | Wi | dow | | | |
| | | 1 | | 2D. DATE OF DEATH July | 4 | |
| 6.(b) Name of husband or wi | e Fra | ncis | K. Jenkins | 21. I CERTIFY that death occurred on the date a | bove stated; that I attended deceased from | |
| deceased. | | 6.6 | c) If alive, give ageyears | 6/10/4') 1 | to guly 15 | |
| 7. 8irth date of deceased (mo., day, yr.) | August | | | and that I last saw halive on | / | |
| 8. AGE: Years | Monits | Days | If loss than one day | Immediate cause of death | DUR | |
| 80 | 10 | 5 | hrs. min. | | 15- 2666 17 | |
| | | | 1 | (culsa | Meins 11 /a | |
| 9. 8irthplace | atterso | n. N. | Ja | Bue to | | |
| 1D. Usual occupation | | | | arrews. | Scenars | |
| | · · · · · · · · · · · · · · · · · · · | ********** | ••- | Due to | | |
| 11. Industry or business | n lana 187 di m | | 1 | | mall & Ille | |
| 里 12. Name | oun Mis | | | Other conditions | a / MELLE LLS THE | |
| 13. Birthplace | | Unkn | *4 | (Include pregnancy within | months of death) | |
| 14. Maiden name | Unk | nown | | | | |
| E 16 Birthniaca | | | known | Major findings of operations | | |
| 7620 | Willia | | | | | |
| 10, 1110, 111411 | | | | Antopsy results | which death should be charged statistically | |
| | | | um Hghts, Md.) | 22. VIOLENCE: If death was due to external co | | |
| Burial Bate thereof July 4, 1947 (Burial, cremation, or removal. Which?) | | | eof July 4,1947 | Accident, suicide, or homicide | | |
| | | | | | | |
| Cemetery or crematory Montrose Cemetery | | | | Where did injury occur?(City or town | | |
| Location Delaware County, Pa. | | | | Injured at home, farm, industry, public place (| where?) | |
| 18. Funeral director. Thomas W. Singleton | | | | Means of Injury | Injured at work? | |
| Address Glen Burnie, Md. | | | Burnie. Md. | Afred . | Too In | |
| 5000000 | | | | 23. SIGNATURE | M. D. or other | |
| 19. 1 - 2 (Date rec'd by registre | 19 4.1 | Y.X.f. | Registrar | Address & Can Be | ecci E Date signed 7/4 | |

plar Ave.... (If rural, give LOCATION) 3. (b) Social Security Number NONE EDICAL CERTIFICATION at 4 55P M DURATION mancy within 3 months of desth) the cause to which death should be charged statistically. due to external causes, fill in the following; (County) (State) (City or town) public place (where?) Injured at work?

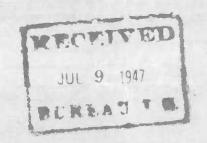
item of information carefully. The causes of death clearly and legibly every it ζ. Supply please wri UNFADING INK. important.

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| 9-45-15M | WRITE PLAINLY, is especially |
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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| CERTIFICAT | TE OF DEATH Reg. Diat. No. |
|--|---|
| 1. PLACE OF DEATH: County Anne Arundel County City or town. Crownsville, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 months Hospital, Institution, or street address where death occurred: Crownsville State Hospital How long in hospital or Institution? 12 months | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurnl, give LOCATION) |
| JOHNSON - RUTH #2 | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female Black widowed 6.(b) Name of husband or wife. ? | MEDICAL CERTIFICATION 20. DATE DF DEATH JULY 17, 19 47, at 8:20A N 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| 1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. | March 5, 19 47, to July 17, 19 47 and that I last saw h er alive on July 17, 19 47 Immediate cause of death DURATION Known to us since |
| 9. Birthplace | Due to. Cardiovascular Disease admissi :3/5/47 |
| 12. Name Walter Johnson 13. Birthplace North Carolina 14. Malden name Lennie Lloyds 15. Birthplace North Carolina | Other conditions Psychosis with Cardiovascular 3/5/L disease (Include pregnancy within 8 months of death) Major findings of operations. |
| Address Crownsville, Maryland 17. Canal Butter Date thereot (morth) (dy) (year) Cemetery or remajory M. T. Calve (morth) (dy) (year) Location Canal | Autopsy resolts. PHYSICIAN: Please moderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? M. D. of other |
| 19 Date rect by registrar) Registrar | Address Grownsville, Maryland Data signed 7/17/47 |

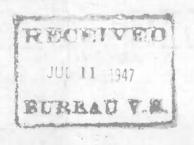
#10299

Ruth Johnson Admitted March 5, 1947

. Died July 18, 1947

| 4-6 | |
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| 2411 N. C | Charles St., Baltimore |
|--|--|
| CERTIFIC | CATE OF DEATH |
| City or town | |
| How long in above place of death? Hospital institution, or street address where death occurred: | Street No. (If outside city or town limits, write RURAL and give neares |
| How fong in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME Tolorevee Evelyn Jones | 3. (b) Social Security Nu |
| 4. Sex Therebe 5. Color or race 6.(a) Single, married, widewed, or divorced Single | MEDICAL CERTIFICATION 20. DATE OF DEATH. July 9 19.47 at |
| 6,(b) Name of husband or wife 6.(c) ff alive, give age 7. Birth data of | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased the state of the state o |
| deceased (mo., dsy, yr.) 8. AGE: Years Months Days If less than one day | Jumedisig cause of death |
| 9. Birthplace | Due to. |
| 11. Industry or business 12. Name Of Med Joves 13. Birthplace Earth of Med | Other conditions |
| 13. Birthplace Earthort Charles 14. Maiden name Wergie Corn | (Include pregnancy within 3 months of death) |
| 5 15. Birthplace Skedmore, and | Major fiedings of operations |
| 16. Informant Mother Address Pfd 2 Box 575- C Shistwo | Actopsy results PHYSICIAN: Please underline the cause to which death should be charged state |
| 17. Burial, cremation, or removal, Which?) Date thereot. 17-10-4 (month) (day) (year) | |
| Cemetery or crematory broduceds | Whera did Injury occur? |
| 18. Funeral director loss Charles & Africk | Means of Injury Injured at work? |
| Address K5 Morthwest Stamper | 23. SIGNATURE A.T. CELLY CM |
| 19. Oate rec'd by legistrar) | M. D. or of St. Bate signed. |



VS A15

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05712

| | | | 21 |
|------|-------|-----|----|
| Reg. | Diat. | No. | |

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|---|--|
| City or town Raute # - New Cut Road Glen Burnie (If outside city or town limits, write RURAL and give nearest town) | state Maryland county A.A. Ca. |
| (If outside city or town limits, write RURAL and give néarest town) How long in above place of death? | City or town Rutal - (Glen But nice) (If outside city or town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. Route #1 Box 134 Severn P.D. Md |
| The tet, Box 134 Severn 18., Maryland | (If rural, give LOCATION) |
| How long in hospital or institution? | |
| al. 1 k b. | 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| male White Married | 20. DATE DE DEATH WILLY 3 / 19.4.2 at 3.30 A.M |
| 8.6) Name of Problems or wife Jennie Julie Kucziński | 21. I CERTIFY (bat death occurred on the date above stated; that that ended deceased from |
| nee - Andrews | and that I last saw h |
| deceased (mo., day, yr.) 1) ecem ber 15-1896 | Impediate cause of death |
| 8. AGE: Years Months Days It less than one day | Rulmonary suberriloris of years |
| D 11 1 m 1 | Due to. |
| 9. 6 irthplace Dalt 1777 Or C. (Town, county, and state) | 018 () |
| 18. Usual occupation Disabled Veteras | Due to |
| 11. Industry or business None | |
| 12. Name 77 0 11 13. Birthplace 227 | Dther conditions |
| | (Include pregnancy within 3 months of death) |
| 14. Malden name | Major findings of operations. |
| 18. Interment Mrs Jennie Kucz nski | Autopsy results. |
| Address New Cut Road (Near Glen Burnic | PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| 5 0 | 22. VIOLENCE: If death was due to external causes, fill in the following; |
| (Burial, cremation, or removal. Which?) (month) (day) (year) | Accident, suicide, or homicide |
| | Where did injury occur? (City or town) (Connty) (State) |
| Location Daltimore, Maryland | Injured at home, farm, Industry, public place (where?) Magns of Injury Injured at work? |
| 16. Funeral director. W. Sangle to 1981 | |
| Address 200 Crain Highway - Glen Burnie 7 Md. | 23. SIGNATURE Scistave & Freeton M. D. or other |
| 19. (Date reo'd by registrar) 19. 47 M. A. D. C. Registrar | Address Seles Burnil, Ml. Date signed / > / 45 |



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VS A15

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05713

CERTIFICATE OF DEATH

Reg. Diat. No.

| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: | |
|--|---|---|
| County | (For ewoord intants live residence of mother) | |
| City or town(If outside city or town limits, write RUIVOL and give nearest town) | State County County | |
| How long in above place of death? a few hours | (If outside city or town limits, write DURAL and gi | vo nearest town) |
| Hospital, institution, or street address where death occurred: | Street No. 5/6 Carroll for | Ans |
| | (If rural, give LOCATION) | |
| How long in hospital or institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME J Melvin Lay | Ton 3. (b) Social Seco | arity Number |
| 4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced SINGEE | MEDICAL CERTIFICATION 20. DATE OF DEATH 19.5 | 17 500 |
| | 21. I CERTIFY that death occurred on the date above stated; that I attended | |
| 6.(b) Name of husband or wife | Postmostar Boxanian | tore |
| 7. Birth date of | and that I look on him all we an | 19 |
| deceased (mo., day, yr.) | Immediate cause of death | OURATION |
| 8. AGE: Years Months Days tf less than one day | 4 | |
| 23 — Shrsn | in. | |
| 9. Birthplace / 1239/ma | Bue to | *************************************** |
| (fown, copaty, and state) | | |
| 1D. Usual occupation | Due to | |
| 11. Industry or business | | *************************************** |
| = 12. Name Pober Zayku | Other conditions | ******* |
| 12. Name RAGUN Zayhus 13. Birtholace | | |
| | (Include pregnancy within 3 months of death) | |
| 14. Malden name Ada Nosman 15. Birthplace | Major findings of operations. | |
| =1 15. Girtnplace | Date of op. | *************************************** |
| 18. Informant CICIA Daylan | Autopsy results | arged statistically |
| Address 516 N- Carrollen and | | A . |
| 12 Asural Date thereof 7 7 4 | | 7/4/20 |
| (Burial, eremation, or removal Whiteh?) (month) (day) (year) | Accident, suicide, or homicide. Date of PA | That- |
| Cemetery or crematory Stilles Illem Case | Where did injury occur? (City or town) (County) | (State) |
| Location Dallamora Loursey Alla | Injured at home, farm, Industry, public place (where?) | Pasada |
| 18. Funeral Historial Managery A. Bellonor | mounts of tripety wildress at work | Prouto |
| Address 916 Renna and | John Milla B. Alt |) medica |
| 11 5 11 0 h 16 duil | 23. SIGNATURE | M. D. of bearing |
| (Date we'd by registrar) | rar Address Dunapolio Md Date si | igned/_s.l.s.co |
| una poace | | 1/4/4/ |

2411 N. Charles St., Battimore

956 05714

| CERTIFICA | Reg. Dist. No |
|--|--|
| County. City or town | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State |
| 3. (a) FULL NAME Cecelia dev 4. Sex 5. Color or tace 8. (a) Single, married, wildowed, or divorced | MEDICAL CERTIFICATION |
| 6.(b) Nams of husband or wito Sam Sewels 6.8 Hallve, give age year 7. Birth date of | 2D, DATE OF DEATH. 21. I CERTIFY that death ocodred on the date above stated; that I attended deceased from 18. 4 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| 8. AGE: Years Months Days It loss than one day 1. Birth date of the document | Immediate cause of death Ouracion Cleanater Carlo Vasculus D. Cascard - Institute |
| 9. Birthplace | Oue to |
| 12. Name James Madares 13. Birthfuce Greece 14. Maidan nams Mary Mandris 15. Birthplaco Greege | (Include pregnancy within 8 months of death) Major findings of operations. |
| 16. Informant Sam Lewnes | Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. |
| Address 17. 18. (Burial, cremation, or removat, Which?) Cometery or cremators Comete | 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide |
| Location Associated Md: 18. Funeral director Man M. Jaylor. Son | Injured at home, tarm, industry, public place (where?) |
| 19. July 20 18 47 To Omnush (Date rec'd by registrar) Registra | 23. SIGNATURE M. D. or other Address. Com 20 22 Oate signed 7/20/4 |

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05716 Reg. Dist. No. 21

| | A MOVELY PROPERTY OF SETS OF PROPERTY | | |
|--|---|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| county Anne Arundel | state Maryland county Anne Arundel | | |
| City or town | | | |
| How long in above place of death? | City or town (If outside city or town limits, write RURAL and give nearest town) | | |
| Hospital, Institution, or street address where death occurred: | Street No. 133 Market St. | | |
| Emergency Hospital | Street No. (If rural, give LOCATION) | | |
| How long in hospital or institution? | 2.(a) If veteran, name war | | |
| 3. (a) FULL NAME | | | |
| | 3. (b) Social Security Number | | |
| James A. Lloyd | | | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male White Married | Gel 8 47 715 | | |
| 111200 1121200 | 2D. DATE DF DEATH Suly 8 1947 21 7 3 M | | |
| 6.(b) Name of husband or wife Mary E. Lloyd | 21. I CERTIFY that death occurred on the dale above stated; thal I attended deceased from | | |
| 6.(c) If alive, give age | June 16 1947 10 July 8 1947 | | |
| /. MITTO DOTE DI | and that I last saw h. Mann. alive on | | |
| deceased (mo., day, yr.) Sept 3, 1886 | Immediate cause of death DURATION | | |
| o. Adl. | a freed | | |
| 60 10 6min. | Cardro Vascula Failur Dass. | | |
| 9. Birthplace Maryland (Town, county, and state) | Sunta a i a i a i a i a i a i a i a i a i a | | |
| 9. Birthplace (Town, county, and state) | Hack levous on Mersey bode 3whot | | |
| 10. Usual occupation Contractor | | | |
| | Due 10 San Ballery a gill | | |
| 11. Industry or business | Court Corosac Marie Toro | | |
| 12. Name Thomas M. Lloyd 13. Birthplace Maryland | Other conditions with 15th 5th File feet a | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. Maiden name Mary E. Ward 15. Birthplace Maryland | | | |
| THE MAINTEN NAME OF THE PARTY O | Major findings of operations | | |
| ≥ 15. Birthplace Mary Land | Date of op | | |
| 16. Informant Mrs Mary E Lloyd | Autopsy results | | |
| Address 133 Market St. Annapolis, Md. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| | 22. VIOLENCE: If death was due to external causes, fill in the following; | | |
| Burial Bate thereof July 11,47 (Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year) | Accident, suicide, or homicide | | |
| Cemetery or crematory St. Mary's Cemetery | | | |
| | Where did injury occur? (City or town) (County) (State) | | |
| Location Annapolis, Maryland | Injured at home, farm, industry, public place (where?) | | |
| 18. Funeral director Ben L. Hopping and Son | Maans of Injury Injured al work? | | |
| | (100) | | |
| Address 170-172 West St. Annapolis, Maryland | - 23 SIGNATURE Office I was | | |
| Tuly 10 47 Word marse | M. D. or other | | |
| (Date rec'd by registrar) Registrar | Address Aucapths Md Date signed 7/18/47 | | |



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83 0

05715

CERTIFICATE OF DEATH

Reg. Dist. No.

| County Anne Arundel City or town Linthicum Heights City or town Linthicum Heights (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? | | | | 2. USUAL RESIDENCE (HOME) UI (For newborn infants give residence of a state Maryland council of the council of | nother) hty Anne Arund lights write RURAL and give near Road LOCATION) | rest town) |
|--|---------------------------------|----------------------|-------------------------------------|---|--|---|
| 3. (a) FULL NA | ME | | | | 3. (b) Social Security N | |
| 4. Sex | 5. Color or race | Will B.(a)Singi | iam E. Miller | MEDICAL CE | 212 05 068 | 0 |
| Male | White | 70.0 | arried | | | 2.556. |
| | | | | 20. DATE OF DEATHJuly 26 | | |
| | ok) | | iller c) If allve, give age 39 year | and that I last saw h./.// alive on | 17 10 Vuly 2 | 19 K.) |
| | ears Months | Days | If less than one day | Immediate cause of death CFREBRA | | |
| | 54 2 | 8 | hrs min | HEMORRHAG | .E.a | *************************************** |
| 9. Birthplace 10. Usual occupati | Baltimore (Town, Telephor | County, and a le Ins | ty, Md. taller(Retire | Due to HYPERTENSION Due to ARTERIOSCLER OS | | |
| | | | hone Co. | | | *************************************** |
| 12. Name William A. Miller 13. Birthplace Frederick Co. Md. | | | | Other conditions Cary ESTIVE | | ************* |
| I 13. Birthplace Trederick Co. Md. | | | | FAILURE (Include pregnancy within 3 m | | |
| 14. Malden na 15. Birthplace | me Mary E. | Hose | | Major findings of operations | | |
| 15. Birthplace | ফে | ederi | ck Co. Md. | Major findings of operations | | |
| | | | k | Autopsy results. | | |
| Address | | | | PHYSICIAN: Please underline the cause to wh | ich death should be charged s | tatistically. |
| Address Linthicum Heights, Md. Burial July 29,47. (Burial, cremation, or removal, Which?) Cemetery or crematory, Mt.a. Carmel | | | | 22. VIOLENCE: If death was due to externat cause. Accident, suicide, or homicide | Date of | |
| | | | | Where did injury occur? (City or town) | | |
| Location Mountain Road, A.A.Co. Md. | | | A.Co. Md. | Injured at home, farm, industry, public place (wh | | |
| 18. Funeral directo | Thomas | W. Si | ngleton | Meens of Injury | Injured at work? | |
| 18. Funeral director Thomas W. Singleton Address Glen Burnie, Md. 19. M-29 19 Clark Registrar (Date rec'd by registrar) | | | | 23. SIGNATURE Serving 73. | M. D. o | rother |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

05717

CERTIFICATE OF DEATH

Rog. Dist. No. 22

| 1. PLACE OF DEATH: County and Oringle | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) |
|--|--|
| City or town | State Md County and accorde |
| (If outside city or town limits, write RURAL and give nearest town) | City or town |
| How long in above place of death? | |
| | Street No |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| 3. (a) FULL NAME | 3. (b) Social Security Number |
| Elera Morgan | |
| 4. Sez 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| French Colored Married | 20, DATE OF DEATH. SELLY (6 19.4) 21 11 9 |
| 6.(b) Name of husband or wife Anangelin Ingongan | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from |
| | 19 7 10 18 |
| 7. Birth date of deceased (mo., day, yr.) Oct 28 1867 | and that I last eaw harmalive on 19. |
| deceased (mo., day, yr.) 6 2 4 8 8 AGE: Years Months Days If less than one day | Impaediate cause of death |
| 79 9 10nismin. | Chair Cline |
| Win gine | - merchel messele |
| 9. Birthplace (Town, eounty, and state) | aring Seem |
| 10. Usuat occupation | Due to |
| 11. Industry or business | |
| 12. Name Robert Smile 13. Birthplace Virginia | Other conditions |
| | (Include pregnancy within 8 months of death) |
| 14. Maiden name Lille Ruffer 15. Birthplace Wing Gines | Major findings of operations |
| \$ 15. Birthplace Vingina | Date of op. |
| 16. Informant, Franklein Mangan | Actopsy results. |
| Address Polenton mol | PHYSICIAN: Please underline the caose to which death should be charged statistically. |
| (Burial, eremation, or removal, Which?) Date thereo (month) (ddy) (year) | 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide |
| 4 | |
| Cemetery or crematory A. C. | Where did Injury occur? (City or town) (County) (State) |
| Location Man Lazarda Lacel | Injured at home, farm, Industry, public place (where?) |
| 18. Funeral director Real glass Selly | Maens of Injury Injured at work? |
| Address 401 Wash by Lauft my | 73/ |
| July 19 47 Wara Harship | 23. SIGNATURE TIPE TO THE PROPERTY OF THE PROP |
| (Data ree'd by registrar) Registrar | Address Date signed |

ARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

9-45-15M

WRITE

PLEASE

VS A15



The state of the s

. . .

WRITE PLAINLY, is especially

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05718

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1-1- | | | | | | |
|--|---------------------------------------|---------------|-----------------------------------|--|---|--|
| 7. PLACE OF DEATH: County Anne Arundel | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | | |
| | | | d RURAL and give nearest town) | State Maryland County County | | |
| | | | | City or town Baltimore (if outside city or town limits, write RURAL and give nearest | ************* | |
| How long in above place Hospital, Institution, or | e of death? c street address where | death occurre | d: | | | |
| Crownsvill | le State Ho | ospital | .Crownsville, Md. | Street No.201 Lawn (If rural, give LOCATION) | *************************************** | |
| | | - | | 2.(a) If veteran, name war | 1. | |
| 3. (a) FULL NAM | | | | | | |
| 0.(0) 1022 111111 | WILLIAM | MURRAY | | 3. (b) Social Security Num | ber | |
| 4. Sex | 5. Color or race · | 6.(a)Sing | le, married, widowed, or divorced | MEDICAL CERTIFICATION | | |
| Male | Negro | | Separated | 1.70 | 7 20 4 | |
| | | - | | 20. DATE OF DEATH. JULY 9 | | |
| | | | | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased f | | |
| | | | (c) If alive, give ageyears | June 13 1947 to July 9 | | |
| 7. Birth date of deceased (mo., day, | yr.) 1909 | | | | 194/ | |
| 8. AGE: Years | | Days | I If less than one day | Immediate cause of death | DURATION | |
| 38 | | ? | hrs. min. | General Paresis Known to us | | |
| | | | nrsmin. | June 13, 19 | 47 | |
| 9. Birthplace Mar | yland | | state) | Due to | ********************** | |
| | | | | | ******************* | |
| 1D. Usual occupation | Fireman | | | Due to | | |
| 11. Industry or busines | | | | | | |
| 12. NameJ.C | ohn un | r | | Other conditions General Paresis Known to 1 | as since | |
| 2 13. Birthplace | unk | | •• | (Include pregnoncy within 3 months of deeth) | 947 | |
| 14. Maiden name. | Hattie Ro | hert.sc | n | | | |
| TO THE REAL PROPERTY. | | wh. | | Major fiediogs of operations | | |
| | | | | Date of op. | | |
| 16. InformantHC | spital Rec | cords | | Aotopsy resolts | | |
| Address Crow | msville, l | arvlar | rd 4 | PHYSICIAN: Please underline the eause to which death should be charged statist | ically. | |
| | | | | 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| 17. Burial, cremation, op emoval Which? | | | - // | Accident, suicide, or homicide | | |
| Cemelery or cremato | or/1) - 10 | colo | of least. | Where did Injury occur? | ite) | |
| Location # | A lev | | 1 | Injured at home, farm, Industry, poblic place (where?) | | |
| | | - 4 | Q 11 11. | Means of Injured at work? | | |
| 1B. Funeral directo | welsel | rold | 4 Maday | A A A A A A A A A A A A A A A A A A A | | |
| Address 216 | me t | eul | in As Raw | Jacob Managuaker the | (4. | |
| | V (V- | | 1. 60.11 | 23. SIGNATURE QUAL MIND M. D. or oth | rer | |
| 19. (Date rec d by r | gistror) | 1 | Registrar | Address C owneville Maryland Date signed 7/ | | |
| 7 - 7 - 7 | - | | | The state of the s | £ 4. | |

10465

Murray - William Admitted June 13, 1947 Died July 9, 1947

2411 N. Charles St., Baltimore

8300

05734

| CERTIFICAT | TE OF DEATH Reg. Dist. No. |
|--|---|
| Clty or town | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| | Whewkick 3. (b) Social Security Number |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19. |
| 7. Birth date of deceased (mo., day, yr.) Left. 2 - 1866 8. AGE: Years Months Days If less than one day 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | Ind that t last saw h in allve on 7/ 34/4) 19. Immediate cause of death. Clarefred Remarks of Story Story |
| 9. Birthplace. Balternall City, and state 1D. Usual occupation. Dil Correspondent State 11. Industry or business | Due to James a arlenoselessis (ym. |
| 12. Name Edward Newkirk 13. Birthplace Balkerweel city, rud. 14. Malden named manda Kirby 15. Birthplace Balkerweel city, rud. | Diher conditions |
| 16. Informant Arm. Lawis newhich (Son) Address - Renadicion, med. | Antopsy results |
| 17. Duk (AL Date thereof (month) (day) (year) Cemetery or crematory (Month) (day) (year) | 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide |
| 18. Funeral director. South For Deschip, INC. Address 1 215 Light St. 4 | Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? |
| 19. 7/29 (Date rec'd by registrar) 19. Meduct Registrar | 23. SIGNATURE M. D. or other Address Selen Burne. Wed Date signed 7/26/47 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

| CERTIFI | CATE OF DEATH Reg. Diat. No. 2 |
|---|--|
| City or town (If outside city or town limits, write RURAL and give nearest town long in above place of death? How long in above place of death? Hospital, istitution, or street address where death occurred: The long in hospital or institution? | (If outside city or townshimits, write RURAL and give nearest town) |
| 3. (a) FULL NAME Jeannette Pag. | 3. (b) Social Security Number |
| 4. September 5. Color trace 6.(a) Single, married, widowed, or district Widow | MEDICAL CERTIFICATION 2D. DATE DE DEATH MEDICAL CERTIFICATION 20. DATE DE DEATH MEDICAL CERTIFICATION 45 |
| 6.(b) Name of husband or wife | and the historical states on the state of th |
| 8. AGE: Years Months Days of less than one day 27 hrs. Planus Churles & M. | min. Acuts Oilatation Due to. Of Reart and an |
| 10. Usual occupation. 11. Industry or business. | Due 10 Chronic Infocarditis un know |
| 12. Name. Attraction Classes 13. Birthplace 14. Malden name. Many Property Oriogne | Other conditions |
| 14. Malden name lary My & Vorisone 15. Birthplace 16. informant | Major findings of operations |
| Address Fa Plata, 7, 67, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18 | |
| Cemetery or crematory | Where did injury occur? (City or town) (County) (State) Injured at home. farm, industry, public place (where?) Means of injury (Do Dubi |
| 18. Funeral director | Des. Signature Drug M. Claffy M.D., Description |
| 19. (Date rec' cy registrar) | arthur Address Amagodus, Md Date signed 7/4/47 |

RESERVED FOR BINDING MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

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DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF

Brown no arran make



L. C. Law Co.

MARGIN RESERVED FOR BINDING

AS

940

0572() Reg. Dist. No. 2/

| | | | Reg. Dist. No | J., J. |
|--|----------------------------------|--|-------------------------------|----------------|
| 1. PLACE OF DEATH: | del | USUAL RESIDENCE (HOME) (For newborn infants give residence | of mother | |
| ounty | | Maryland | Cough ame as | made |
| (If outside city or town limit, write I | RURAL and give nearest town) | | holes | |
| long in above place of death? | | ity or town(if outside city or town) it | its, write RUR . and give ne | arest town) |
| llal, institution, or straet address where death occurre | od. | treet No. 03 Cade | · W. | |
| | | | ive LOCATION) | |
| long In hospital or Institution? | 2 | (a) If veteran, name war | | |
| (a) FULL NAME Green OT | andolph .V. | hipps | 3. (b) Social Security | Number |
| | te, married widowed, of divorced | MEDICAD | CERTIFICATION | 3 |
| Male White | Dingle 2 | D. DATE OF DEATH | A | , at |
| 22-52 | 2 | 1. I CERTIFY that death occurred on the date | apprestated; the the the | HoraLiron. |
| B.(b) Name of husband or wife | | Portmorteur | Syammati | Deg. 19. |
| 7. Birth date of | | WILLIAM CONTRACTOR | July | 719. |
| deceased (mo., day, yr.) | - 1401 I | mmediate cause of death | | DURAT |
| AGE: Years Days | If less than one day | | | |
| 40 11 22 | hrsmin. | | 10 | |
| . Birthplace | 3114 | ue to Coronary & | worcom | Made |
| A (Town, county, 4) | state) - | Coronary | Arles | |
| D. Usual occupationJack | on the same | ua to Cot on any | emicen | House |
| 1. Industry or business | PI | | | |
| 12. Name Volle | July 0 | ther conditions | | |
| 13. Birthplace Q Q Co | 3314 | (Include pregnancy within | 3 months of death) | |
| 14. Malden name Mangaret | Jones | | | |
| 14. Malden name 15. Birthplace CC C | 120 151 | lajor findings of operations | | |
| m. Pecal II | | ntopsy results | | |
| 16. Informant Justice Victoria | 2 /h C 2001 | HYSICIAN: Please underline the cause to | which death should be charged | statisticalty. |
| Address Gage water |) (A) (A KMA: - | 2. VIOLENCE: If death was due to external | | |
| 17. OSmide Date the | ereof July 20-177 | ccident, suicide, or homicide | | |
| (Burial, cremation, or removal. Which?) | Amongan' (day) (year) | | | |
| Gemetery or cremater Carlo | · 016111. | there did injury occur?(City or tow | | |
| Location Source | | njured at home, farm Industry, public place | | |
| 18. Funeral director when M. | aules don! | deans of Injury | Injured at work? | eputs |
| (1/2 | ell mes | tot m (a | He MA m | eldus |
| Address | 74 | 3. SIGNATURY | Jugar. No. | X assess |
| Valle 20 47 | o anny | Atran - Dal | M. D | 7/10 |

ROBERT 1947

CERTIFICATE OF DEATH

Reg. Dist. No.

| All | | |
|-----|---|--|
| 1 | 1. PLACE OF DEATH: Houndel | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For pawborn infants give residence of mother) |
| | City or town. Snow dentour, The Varne P.O. (If outside city or town limits, write RURAL and give nearest town) | State Charyland County Hum Hrundel |
| | How long in above place of death? | (if outside city or fown limits, write RURAL end give nearest town) |
| | Hospital, institution, or street address where death occurred: | Street No. (Wural, give LOCATION) |
| | How long in hospital or institution? | 2.(a) tf veteran, name war |
| | 3. (a) FULL NAME Clijah Queen | 3. (b) Social Security Number |
| | 4. Sex Veale 5. dolor or race 6.(a) Single, married, widowed, or divorced Linale | MEDICAL CERTIFICATION 20. DATE OF DEATH. Suly 13 1947 21 Mediushy |
| | 8.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated, the main account to |
| | 7. Birth date of | @BGGORECEALLY 19 |
| | deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day | Immediate cause of death |
| | 8. AGE: Years Months Days If less than one day | |
| | md | Que to Chot- gun Wound |
| | 9. Birthplace (Town, county, and etate) | The state of the s |
| | 10. Usual occupation | Oue to |
| | 11. Industry or business 12. Name Line Gueen | Other conditions. |
| | 12. Name Elias Gillen 3. Birthplace | |
| | | (Include pregnancy within 3 months of death) |
| | 14. Maiden name lathering Select Sett | Major findings nl nperations |
| | 18. Informant Elias areen | Antopsy results |
| | Address Snowdentown a. a. G. M. | PHYSICIAN: Please underline the cause in which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, All in the following: |
| | (Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year) | Accident, suicide, or homicide suicide Date of 7/13/47 |
| | Cemetery or crematory out Collany | Where did injury occur? Monday Tours, A. H. Mul. (City or town) (County) (State) |
| | Location a a loss mid | Injured at home, farm, industry, public place (where?) in bed rouse at home |
| | 18. Funeral director Said & Commer than | Means of Injury Ohot. June injured at work? NO |
| | Address 108 W. Mortgan By SE | John M Lath M. M. medical |
| | 19. 7/15 1,47 Au Hedrick | 23. SIONATURE M. D. or other |
| | (Date reg d by registrar) Registrar | Address Trunapous 12 Date signed 17 7 |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information can is especially important. Physicians: please write the causes of death clear! MARGIN RESERVED FOR BINDING

A15

MARGIN RESERVED FOR BINDING

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OPPRIEIGATE OF DEATH

| CERTIFICA | IE OF DEATH Reg. Dist. No. |
|--|--|
| County Surviver Army del City or town Surviver PO (If outside city or town limita, write RURAL and give nearest town) How long in above place of death? Hospilal, Institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| How long in hospital or institution? | 2.(a) If veteran, name war. |
| 3.(a) FULL NAME Frances Viola | 3. (b) Social Security Number |
| 4. Sex Sex S. Color or race B.(a) Single, married, widowed, or divorced married married. | MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 15 20. DATE OF DEATH |
| 8.(b) Name of husband or wife 8.(c) If alive, give age year 7. Birth date of deceased (mo., day, yr.) | 21. I CERTIFY that death occurred on the date above chated: Marine From 19 47. Colored on the control of the c |
| 8. AGE: Years Monthe Days If less than one day | Immediate cause of death DURATION |
| 9. Birthplace (Town, county, and state) 10. Usual occupation Demostre 11. Industry or business 12. Name Sylvantin Question 13. Birthplace | Due to. Short Jun wounds Due to. m Cheef and face Dither conditions. |
| 14. Malden name England | (Include pregnancy within 3 months of death) Major findings of operations. |
| Addrese 16. Informant Addrese 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Addrese 18. Informant Date thereof (month) (day) (year) | Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide of the control of th |
| 18. Funeral director | Injured at home, farm, industry, public place (where?) Next Losy to Home Means of injury Phot - Gene Works Injured at work? 23. SIGNATURE Of M. H. Claffy M. D. Mesertal M. B. or other Address. Amabolis M. Date signed 714/4. |

> DURATION day

Mons.

OPPOPULATE OF DEATH

| | | | CERTIFICAT | E OF DEATH | Reg. Dist. No | 1 |
|---|------------------|--------------|---------------------------------|---|-----------------------------|-------------------|
| 1. PLACE OF DEA | TH: | nne Ar | undel Co. | 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n | DECEASED: | |
| County | | | | state Maryland county Anne Arundel | | |
| | | | | | | |
| How long in above place of death? | | | | City or town | | |
| Hospilal, Institution, or street address where death occurred: | | | | Street No. 911 West St. Annapolis Md. | | |
| 911 West St. Annaolis Md. How long in hospital or institulion? | | | | (If rural, give LUCATION) | | |
| How long in hospital or i | nstitulion? | | KARATATATATAK | 2.(a) It veteran, name war | | |
| 3. (a) FULL NAME | | | | | 3. (b) Social Security None | Number |
| | Frances | | | | | |
| 4. Sex | 5. Color or race | | , married, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| Female | Col. | Wi | dow | 20. DATE OF DEATH July 23, | 19 47 | at 3 .: (|
| | - 1 | A 7 - l- | - Dandoll | 21. I CERTIFY that death occurred on the date above | | |
| 6.(b) Name of husband of | r witeRO.D. | ertJ.on | n Randall | 19 | | |
| 7. Birth date of | | | | and that I last saw h.C.Talive on | July 23 | 10 |
| 7. Birth date of deceased (mo., day, yr. |) July 1 | 6.18 | P-3 | Immediais cause of deathCardiac | Failure | DURA |
| 8. AGE: Years | Months | Days | It less than one day | | | т а. |
| 64 | - | 7 | hrsmin. | | | |
| 9. Birthplace Westriver Md. A. A. Co. | | | | Oue to Hypertensive Ca | rdio | 7 M |
| (Town, county, and state) | | | | Vascular Besease | | |
| 10. Usual occupation | Cook | | | Que to. | | |
| 11. Industry or business | | None | | 044 (0 | | |
| | | | ngton | Other conditions | | ***************** |
| E | | | | | | ************* |
| | | | A. Co.Md. | (Include pregnancy within 8 m | nonths of death) | |
| 14. Maiden name | Marie | Forbes | | Major findings of operations | | |
| 14. Maiden name | West r | iver | | urajor madiage or operados. | | |
| 16. Informant | Loonand | Pandal' | | Actousy resolts | | |
| | | | | PHYStCIAN: Please underline the cause to wh | ich death should be charged | statistically. |
| Address | 911 West | | napolis Md. | 22. VIOLENCE: It death was due to external cause | | |
| 17 Burial | | . Date there | or July 28/49 | | | |
| 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory | | | | Accident, suicide, or homicide | | |
| | | | | Where did injury occur? | | |
| Location Wes | I et | et | Extended | Injured al home, farm, Industry, public place (wh | iere?) | |
| | 5- | 10 | 11/ | Meens of Injury Injured at work? | | |
| 1B. Funeral director | Mos | bear | (La) supo | 11/11 | 11 1 | / |
| Address 4/3-4 | 1/5 Nov | here | totreet | 18/42 | souther t. | |
| | 20/47 | 7 | moy 2 | 23. SIGNATURE | М, D, о | or other |
| 19. (Date rec'd by reg | 28 19 4 / | | Registrar | Address 40 Northwest S | treet Date signed. | 7-26- |

MARGIN RESERVED

causes



CERTIFICATE OF DEATH

| 2411 N. Char | rlea St., Baltimore |
|--|---|
| CERTIFICA | TE OF DEATH Reg. Diat. No. 2/ |
| County PANE ARUNDEL City or town POLIS City or town POLIS City or town imits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: COLLEGE CREEK TERR, How long in hospital or institution? 3. (a) FULL NAME | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION 20. DATE DE DEATH JULY 26 1947 31 1:05 |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 26 19 4 and that I last saw h. E. R. attve on JULY 26 19 4 Immediate cause of death DURATION BRONCHO PNE UMONIA 36 |
| 9. Birthplace HOUSTON TEXAS. (Town, county, and state) | Due to. PERTUSSIS |
| 11. Industry or business 12. Name ROGER & RICHMOND. 13. Birthplace Liberty Jeks | Dither conditions |
| 14. Malden name MARY JANE RICHMOND 15. Birthplace Marie Janes Jan | (Include pregnancy within 3 months of death) Major fiedings of operations |
| 16. Informant MARY JANE RICHMOND Address 91 COLLEGE CREEK TERR. 17. Removed (Burial, cremation, or removal, Which?) Date thereof Regard 3, 1947 (Month) (day) (year) | PHYSICIAN: Ptease ooderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide |
| Cemetery or crematory | Injured at home, farm, industry, public place (where?) |
| 19 July 29 19 47 Princh Registrar) | 23. SIGNATURE M. D. or other Angels M. D. or other Date signed 7-26 |

RESERVED FOR BINDING MARGIN

> 9.45-15M PLEASE WRITE A15 AS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940 CERTIFICATE OF DEATH

05725,

| | Reg. Diat. No |
|--|--|
| 1. PLACE OF DEATH: County | (If outside city or tooh lingts, write RURAL and give nearest town) |
| Hospilal, Institution, or street address where death occurred: | Sireet No. 408 Selected St. (If rural, give LOCATION) |
| How long in hospital or institution? | 2.(a) It veteran, name war |
| 3.(a) FULL NAME Angus Lela | don Robinson 3. (b) Social Security Number |
| 4. Sei M 5. Color or race (.(a)Single, married, widowed, or divorced Single | MEDICAL CERTIFICATION 20. DATE OF DEATH |
| B. (b) Name of husband or wite | 21. 1 CERTIFY that death occurred on the date above stated: 1 |
| 7. Birth date of deceased (mo., day, yr.) April 9, 1916 | Immediate cause of death DURATION |
| 8. AGE: Years Months Days It less than one day | Coronary Embolism and |
| 9. Birthplace | Due to Coroning Bellions unfor |
| 11. Industry or business 12. Name | Diher conditions |
| 14. Maiden name Bary Velicca HAPA 15. Birthplace Amagalias RA. | (Include pregnancy within 3 months of death) Major findings of operations. |
| 16. Intermant | |
| Address Saltuner Date thereof State (Burial, cremation, or removal, Which) | PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide |
| Cemetery or cremator (Surveyor) (White Company or cremator (Surveyor) (Surveyor) | Where did injury occur? |
| 18. Funeral director Alm My Vaylay. | Injured at home, farm, industry, public place (where?) Mans of Injury Mans of Injury Injured at work? Popul |
| Address Computer MA | 23. SIGNATURE John M. Claffy M.D. releve |
| 19. (Date rec'd by registrer) | Register Annapolis, Md Date signed 7/7/ |

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Reg. Dist. No.....

DEATH

| CERTIFIC | CATE OF DEATH Reg. Di |
|--|--|
| 1. PLACE OF DEATH: County | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| 4. Sex Joseph Thom 4. Sex Joseph Thom 4. Sex Joseph Thom Male White Married, widowed, or divorced Male White Marriel 6.(a) Single, married, widowed, or divorced Male Arriel 6.(b) Name of husband or wite. Barbara A. Rodows | MEDICAL CERTIFICAT 20, DATE DE DEATH. 21, I CERTIFY that death occurred on the date above stated; that I are the state of the date above stated; that I are the state of the date above state of the |
| 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years clouths Days If less than one day hrs. 9. Birthplace (Toyn, county, any state) | and that Yast saw h. M. alive on N. F. J. J |
| 11. Industry or business 12. Name Stone as Podowsky 13. Birthplace 14. Maiden name Such as Podowsky 14. Maiden name Such as Podowsky | Other conditions (Include pregnancy within 3 months of death) |
| 14. Malden name 15. Birthplace 16. Intermant Edward & Rodowsky Address 620 Chesophaks Our Eurlph! 17. Burial Date thereof. July 18. 19. (Burial, cremation, or removal, Which) | Major findings of operations |
| Cemetery or crematory Holy Redections Cent Location Baltimore 3114: 18. Funeral director Day Location 14. Address Day Location 1100 1100 1100 1100 1100 1100 1100 11 | Where did injury occur? |
| 19. (Jate rec'd by registrar) | Meh Ecarymethod |

| Modowsk | 3. (b) Social Security Number |
|---|---|
| MEDIO | CAL CERTIFICATION |
| f. I CERTIFY that death occurred on the | the date above stated; that lattended deceased from |
| nd that Plast saw h. J. 1. alive on | 7/2/4//19 |
| Osleno de lunte | i C. D. durani. |
| ue fo | |
| 10 10 | |
| 10 10 | |
| ther conditions | |
| | within 3 months of death) |
| ajor findings of operations | Date of op. |
| utopsy results | cause to which death should be charged statistically. |
| 2. VIOLENCE: It death was due to e | |
| coldent, suicide, or homicide | Date of |
| | or town) (County) (State) |
| There did injury occur?(City | or rown) (country) (country) |
| | c place (where?) |

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PLEASE WRITE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05727

| Reg. | Diat. | No | |
|------|-------|----|--|
|------|-------|----|--|

| 1. PLACE OF DEATH: County Anne Arundel City or towa Rivera Beach (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life- Hospital, Institution, or street address where death occurred: | | | City or town | | |
|--|------------------------------------|--|--|---|---------------------------|
| How long in hospita | al or Institution? | | 2.(a) If veteran, name war | | |
| 3. (a) FULL NA | James C. | Rowe | | 3. (b) Social Security Num | ber |
| 4. Sex | 5. Color or race | 6.(a)Single, married, widowed, or divorced | MEDICAL CE | RTIFICATION | |
| Male | White | Married | 20. DATE OF DEATH July 7 | 19.47 ,21. | 11:30P |
| 7. Birth date of | | 7Rose | 21. I CERTIFY that death occurred on the date above | e etated; fhat I attended deceased f | rom 19.42 |
| deceased (mo., da 8. AGE: Y | ay, yr.) July ears Months | Days If less than one day | Immediate cause of death. Chronic | | DURATION |
| 71 | 11 | 29hrsml | n. | | ************************* |
| | | Virginia county, and state) Room Clerk | No control of | line | oylan |
| 11. Industry or busi | | field Ship Yards | | | |
| 12. Hame 13. Birthplace | Willie | am Rowe | Dither conditions Ilestrates 7 | nelliles | |
| | | Maryland | (Include pregnancy within 3 me | outher of death) | |
| HELOW 14. Maiden na 15. Birthplace | me Mary | Louise Norfolk, Virginia | Major findings of operations | | |
| | Mary Ros | se Rowe | | *************************************** | |
| 17. Bu | urial tion, or removal. Which?) | Date thereof | 74. VIOLENCE: If death was due to external cause 7. Accident, suicide, or homicide | Oate of | |
| Cemetery or crematory Greenmount | | | | | |
| LocationE | Baltimore, Ma | aryland | Injured at home, farm, Industry, public place (whe | re?) | |
| | wm. C. | ook, Inc. Paul Street. | Means of Injury | Injured at work? | m 10 |
| | 10 19 4 j | Q.W. Jedue | 23. SIGNATURE Beach | M. D. or oth | 19/47 |

PLEASE WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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| | Reg. Diat. No. | | |
|--|--|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) | | |
| County Anne Arundel County | | | |
| City or fown | State Maryland County BALTIMORE COUNTY | | |
| How long in above place of death? | City or town(If outside city or town limits, write RURAL and give nearest town) | | |
| Crownsville State Hospital | Street No | | |
| How long in hospital or institution?I. yr. 8 mo II days | | | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | | |
| CANOV . CHARLES ELICENE | | | |
| SAVOY - CHARLES EUCENE 4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced | MEDICAL CERTIFICATION | | |
| | | | |
| Male Black Married | 20. DATE OF DEATH | | |
| 6.(b) Name of husband or wife | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | | |
| | 19. 45. fo. 111.13. 18. 19. 47. | | |
| 7. Birth date of | and that I last saw h. 100alive on | | |
| deceased (mo., day, yr.) | Immediate cause of death General Paresis DURATION | | |
| 8. AGE: Years Months Days If less than one day | | | |
| 39 8 11hrshrs. | us sinc | | |
| 9. Birfhplace | Due to. admissi | | |
| 10. Usual occupationLaborer | | | |
| 10. Usual occupation | Due to | | |
| 11. Industry or business | | | |
| 12. Name | Dther conditions | | |
| I 13. Birthplace Waryland | | | |
| | (Include pregnancy within 3 months of death) | | |
| 14. manden manne Mark-12-0 | Major findings of operations. | | |
| 14. Maiden name | Date of op. | | |
| 16. Informant | Autopsy results | | |
| | PHYSICIAN: Please underline the cause to which death should be charged statistically. | | |
| Address Crownsville Md. | 7 22. VIOLENCE: If death was due to external causes, fill in the following: | | |
| (Burial, cremation, or removal, Which?) Date thereof, (month) (day) (y- | ear) Accident, suicide, or homicide | | |
| Cemetery or crematory Western Star cen | | | |
| Cemetery or crematory | | | |
| Location | injured at home, farm, Industry, public place (where?) | | |
| 18. Funeral director Learne S. Velson | Means of injury Injured at work? | | |
| Address 1303 Prenat man 85 | Day / Marson To The D | | |
| 0 4/ | 23. SIGNATURE CONTINUENT OF THE PROPERTY OF TH | | |
| 19 July 2/ 19 47 (21 - Jeda | M. D. or other | | |

2411 N. Charles St., Baltimore

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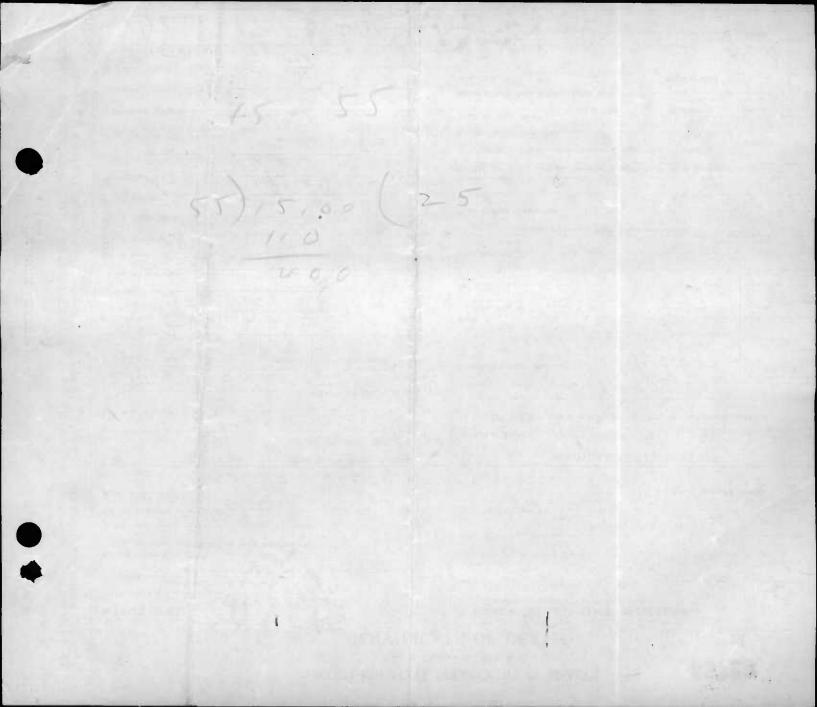
05729

| 2- 11- | CERTIFICAT | TE OF DEATH Reg. Diat. No. 2 |
|--------|--|---|
|) | A. PLACE OF DEATH: County Cily or town. (If outside city ow town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
| | How tong in hospital or institution? | 2.(a) If veteran, name war. |
| | 3. (a) FULL NAME fames Semones. | 3. (b) Social Security Number |
| | 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6. A sex a selection of the sex a selection of | MEDICAL CERTIFICATION 2D. DATE OF DEATH |
| | 6.(b) Name of husband or wife fulls Davis Scarce 5.(c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) Sec. / 2 - / 8 80 | and that I last saw halire on |
| | 8. AGE: Years Months, Days If tess than one day | Series askleria autory, |
| | 9. Birthplace Saltenary (Town, county, and state) 1D. Usual occupation Paralle | Bue to. |
| | 11. Industry or business 12. Name | Other conditions |
| | 14. Maiden name Hontane Mary V. adams 15. Birthplace manyland | (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. |
| | Address Jesseps, med. | Autopsy results |
| | (Burial, eremation, or removal, Which?) Date thereof. (month) (day) (year) Cometery or crematory. | 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide |
| - | Location Bultimore Ind | Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? |
| | Address 161 2 Holling St | 13. SIGNATURE Fustave Haubentrub. |
| - | 19. 7 19. 4 7 Mw. Je drie (Datefree'd by registrar) 19. A 7 Registrar | Address believed bus Bate signed 7/14/49 |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

| 1. PLACE OF DEAT | | unde | 1 | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|----------------------|--------------------|--|---|--|
| City or town (Near) | Glen | Burn | ie. Md. | State Maryland County | |
| (If outs | ide city or town lin | mits, write | ie. Md. RURAL and give nearest town) | | |
| | | | ne | City or town. Baltimore 13 (If outside city or town limits, write RURAL and a | rive nearest town) |
| Hospital, Institution, or str | eet address where d | leath occurre | d: | Street No. 1690 Darley Ave. | *************************************** |
| | | ************** | *************************************** | (If rurnl, give LOCATION) | / |
| | stitulion? | | | 2.(a) tf veteran, name war | |
| 3. (a) FULL NAME | | | E | 3. (b) Social Sec | curity Number |
| | | | VERNA R. SICHEL | STEEL SICHELSTIEL | |
| 4. Sex 5 | . Color or race | 6.(a)Sing | ie, married, widowed, or divorced | MEDICAL CERTIFICATION | N |
| Female | White | , | Married | | 540 |
| | | | | 20. DATE OF DEATH July 4 19.5 | t.l., at A |
| B.(b) Name of husband or 1 | wite Josep | h F. | SichElstorl Jr. | 21. I CERTIFY that death occurred on the date above stated: that I attend | ed deceased from |
| *************************************** | | | (c) It alive, give age24 | | 19 |
| 7. Birth date of deceased (mo., day, yr.) | July | | | and that I last saw halive on | 19 |
| 8. AGE: Years | Months | Days | 1922 · | Immediate cause of death | DURATION |
| | | | | Fracture of while and | Luden |
| 25 | 0 1 | 0 | hrsmin. | bemoonladge from deep | 5 |
| 9. Birthplace | Baltin | ore. | Md. | Due tobserations of right le | a . |
| | (Town, c | county, and | atate) | Compound fractures of | |
| 1D. Usual occupation | поиз | e wor | . A. | muss book less below thee | |
| 11. Industry or business | Own H | ome | | Repoleral lacendes of | ····· |
| H 12 Name | | | dicord | Other conditions for and fractical | •000000==000 }00000000000000000000000000 |
| | Ellicot | | | | |
| K 13. Dirtiplace | Ruth Wh | | 10100 | (Include pregnancy within 3 months of death) | |
| 14. Malden name | Ruch wh | 1106 | | Major fiadings of operations. | |
| 15. Birthplace | | Balt: | more, Md. | Dale of on | ******************************* |
| 16. Informant Jose | ph F. S | icht | lstefl | Antoney results. | |
| 70. 1810/18811 | | ****************** | *************************************** | PHYSICIAN: Please underline the cause to which death should be ch | |
| Address C 1 090 | Dartey | Ave, | Baltimore, Md. | 22. VIOLENCE: If death was due to external caoses, fill in the following: | |
| 17 Burne | removed Which | Date ther | eot 7/8/47 | / | 2/11/19 |
| (Buriai, cremation, or | removai, Which | 441 | (month) (day) (year) | | les Berriel |
| Cemetery or crematory | 6 | aldo | Monac | Where did injury occur? (City or town) (County) | (State) |
| Location | & mais | un | (10) | Injured at home, farm, industry, public place (where?) | |
| Y | - 42 | nle | y Lans | Means of they a who wabel wendered at work | 1/ |
| 18. Funeral director. | f les | 7 7 | 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7 | A A | 4 |
| Address | 18/8 | s he | gler I'. | Constave Houses | sus. |
| Da. 0. | 6 117 | , / | 7 (11 1/1 1 | 23. SIGNATURE | M. D. or other |
| 19. Mate regid by regist | 19 4 | | was | Glen Burnie Md | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Anne Arundel County

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

| TE OF DEATH | Reg. Dist. No. 2 |
|--|------------------------------------|
| 2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th | DECEASED: |
| State Md. Cou | aly |
| (If outside city or town limits 4022 Edmonds | write RURAL and give nearest town) |
| (If rural, give | LOCATION) |

| City or town Manna Uan Beach (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: | | | City or town Ba1 (If outs 402 | |
|--|---|------------|----------------------------------|--|
| How long in hospital | or institution? | | | 2.(a) If veteran, name wa |
| 3. (a) FULL NAM | | liam | Harry Smith | |
| 4. Sex | 5. Color or race | 6.(a)Singl | e, married, widowed, or divorced | |
| Male | White | Mar | ried | 20. DATE OF DEATHJ |
| | | | th(nee Gilber | 21. I CERTIFY that death |
| 7. Birth date of | ,yr.) August | | c) If alive, give ageyo | and that I last saw from |
| 8. AGE: 7e2 | Months 11 | Days 7 | If less than one day | Coronary |
| 9. Birthplace | T I I I I I I I I I I I I I I I I I I I | | atate) | |
| 11. Industry or busine HELL 12. Name | Charles | | mith | Differ conditions |
| 14. Maiden name Anna P. Schmidt 15. Birthpiace Maryland | | | Major findings of operat | |
| 16. Informant Hi | lda M. Sm: 22 Edmonds | | 7e. | Autopsy results |
| VIIII.622 | Loudon | Dale ther | eot. July 11, 194 | 22. VIOLENCE: It death Accident, suicide, or hom Where did Injury occur? |
| Location | 3801 Fre | / | k Rve Brito. | Injured at home, tarm, In |
| | | | | |

3. (b) Social Security Number MEDICAL CERTIFICATION uly 8, 1947. occurred on the date above stated; that Lattended deceased from DURATION 10 mos pregnancy within 3 months of death) lerline the cause to which death should be charged statistically. was due to external causes, till in the tollowing; (State) (City or town) (County) dustry, public place (where?) Injured at work? 23. SIGNATURE M. D. or other

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| | N. | is especially important. Physicians: please write the causes of death cle |
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| date | of bi | irth | show | n on |
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MARYLAND STATE DEPARTMENT O

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| Film G110 7/15/47 dm 2411 N. | Charles St., Baltimore 1000 UD098 |
|--|---|
| | CATE OF DEATH Reg. Dist. No. |
| 1. PLACE OF DEADLINE Alexander | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
| County APRILLER | (For newborn infants give residence of mother) |
| City or town | State Md County Baltinure |
| How long In above place of death? | Cily or town 732 Cylt It Bultinure (If outside city of town limits, write RURAL and give nearest town) |
| Hospital, Institution, or street address where death occurred: | Street No. |
| a de la dela della | (If rural, give LOCATION) |
| How long in hospital or institution? | |
| Mary Agnes Cor | dillo, |
| 4. Sex 5. Color of ace (6.(a) Single, married, widowed, or divorced Widowed | MEDICAL CERTIFICATION |
| translation Condition | 20. DATE OF DEATH |
| 6.(b) Name of husband or wife Joseph L. Sordillo | 21. I CERTIFY the death occurre on the date above states. |
| 7. Birth date of May 3 - 1881 1883 | Bevereller July 18 4 |
| deceased (mo., day, yr.) | Immedia: cause of death |
| 8. AGE: Years Months Days If less than one day | 0/ |
| 64hrs. | |
| 9. Birthplace Brooklime Mass. | Due to Pertiture & granical |
| (Town county, and state) HOUS EWII E | Mymmes overse |
| 1D. Usual occupation | Due to Dem mright GAS |
| 11. Industry or business | |
| Patrick Ryan 12. Name Patrick Ryan Ireland | Diher conditions |
| Z 13. Birthplace Ireland | |
| Tathrine Cahill Ryan | (Include pregnancy within 8 months of death) |
| Ireland | Major findings of operations. |
| ži 15. Birthplace Son Joseph Sordille | |
| 16. laformant | PHYSICIAN: Please underline the cause to which death should he charged statistically. |
| Address 732 Light St. | 22. VIOLENCE: If death was due to external causes, fill in the following: |
| Burial Burial Date thereof July 194' | |
| (Durial, Clemation, Or removal, Irinterity | resident states of the states |
| Cemetery or crematory Holy Cross Com. | Where did injury occur? |
| Gov. Ritche Hgy. | Injured at home, farm, Industry, public place (where?) |
| Frank D. Ma 1/200 | Means of Injury tnjured at work? |
| 18. Funeral director | Let my Call MA moderate |
| Address 52 Millimus 4 - | 23. SIGNATURE TO ME SAL. VEYTRY M. N. Examina |
| " July 7 "47 Rus Heles | L Augustalia MI M. D. or office |
| Date rec by registrar) | gistrar Address HMAPRUS Date signed |
| | |

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

183

CERTIFICATE OF DEATH

05732 Reg. Dist. No. 28

| 1. PLACE OF DEATH: County Anne Arundle | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
|---|---|--|
| | State Mary Land County Montgomery | |
| (If outside city or town limits, write RURAL and give nearest town) | | |
| How long In above place of death? 1 hr. | City or town | |
| Hospilal, Institution, or street address where death occurred: | Street No. 60 Lincoln Ave. | |
| | (If rural, give LOCATION) | |
| How long In hospital or Institution? | 2.(a) If veleran, name war. World Wer #2 | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | |
| LAWSON W. SPESSARD | 214-18-8514 | |
| 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| male white married | 20 0477 05 0747H | |
| Many Tono | 20. DATE DE DEATH | |
| 6.(b) Name of husband or wife. Mary Jane | Postmortem Examination | |
| 7. Birth date of | * * * * * * * * * * * * * * * * * * * | |
| deceased (mo., day, yr.) Feb. 2nd. 1917 | Immedia: cause of death OURATION | |
| 8. AGE: Years Months Days If less than one day | THE GREAT CARRE OF GERTINE | |
| 30 5 4hrsmln. | DROWNING | |
| Smithshura Md | Don't | |
| 9. Birthplace Smithsburg, Md. (Town, county, and atate) | 000 (0 | |
| 10. Usual occupation Carpenter | 0.4 | |
| 11. Industry or business | Due 10 | |
| E 12 Name Raymond B. Spessard | Other conditions. | |
| 13. Birthplace Smithsburg, Md. | | |
| | (Include pregnancy within 3 months of death) | |
| E 14. Maiden name Nita B. Wiles | Major findings of operations | |
| \$ 15. Birthplace Smithsburg, Md. | | |
| 16. Informant R. Kenneth Spessard (brother) | Antopsy results | |
| Address Germantown, Penna. | PHYSICIAN: Please underline the cause to which death should be charged statistically. | |
| | 22. VIOLENCE: It death was due to external causes, fill in the following: | |
| 17. Burial Date thereof 7-9-1947 (month) (day) (year) | Accident, suicide, or homicide | |
| Cemetery XXXXX Arlington National | Where did injury occur Herald Harbor, A.A., Md. (City or town) (County) (State) | |
| Localion Arlington Co. Virginia | Injured at home, farm, industry, public place (where?)SevernRiver | |
| 18. Funeral director, Wane & Pemphney | Meane of Injury Drowning Injured at work? No Defute | |
| Address Silver Spring, Md. | 23. SIGNALUTE Dans M. Caffey M.D. milical | |
| 19. 7/11. 47 18 E. + Joyce 2 oral | Been bal M. D. or other | |
| (Date rec'd by registrar) Registrar | Address / I AMYTUA / White bate signed / / / / | |

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

| Beer long to above place of death? Beer long to above place of death? | City or town. (If outside city or town limits, write RURAL and give nearest town) | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State |
|--|--|--|
| Street 86. (If rurs), give LOCATION) 2(d) It relean, name war. 3. (a) FULL NAME A. Sex S. Coler or race 6.00 Single, married, widowed, or diverces 6.00 Name of bushand or action A. Buy an including the age 7 years 7. Birth date of deceased (no. day, yr.) 2 1 1 1 1 1 1 1 1 8. AGE: Tear Methor 2022 11 less than one day 9. Birthplace 1.1. Inchaffyr or bushness 11. Inchaffyr or bushness 1.2. 1 1 1 1 1 1 12. Birthplace 1.1. 1 1 1 1 1 1 1 13. Birthplace 1.1. 1 1 1 1 1 1 14. Maiden name 1.1. 1 1 1 1 1 15. Birthplace 1.1. 1 1 1 1 1 16. (Durini, exemation, our sensors), Which) 10. Usual occupation 1.1. Inchaffyr or business 17. Burth date or willing 1.1. 1 1 1 1 1 18. Intermace 1.1. 1 1 1 1 1 19. Birthplace 1.1. 1 1 1 1 1 10. Usual occupation 1.1. 1 1 1 1 1 11. 1 1 1 1 1 1 1 1 12. 1 1 1 1 1 1 1 13. 1 1 1 1 1 1 1 14. 1 1 1 1 1 1 1 15. Birthplace 1.1. 1 1 1 1 1 16. (Town, county, and spec) 1 1 1 1 1 1 17. 18. 1 1 1 1 1 1 1 18. 19. 1 1 1 1 1 1 1 19. 10. 1 1 1 1 1 1 1 19. 10. 1 1 1 1 1 1 10. 1 1 1 1 1 1 1 11. 1 1 1 1 1 1 1 12. 1 1 1 1 1 1 1 13. 1 1 1 1 1 1 1 14. 1 1 1 1 1 1 1 15. 1 1 1 1 1 1 1 16. 1 1 1 1 1 1 1 1 1 17. 18. 1 1 1 1 1 1 18. 18. 18. 1 1 1 1 1 19. 19. 1 1 1 1 1 1 10. 10. 1 1 1 1 1 1 11. 1 1 1 1 1 1 1 12. 1 1 1 1 1 1 1 13. 1 1 1 1 1 1 1 14. 1 1 1 1 1 1 1 15. 1 1 1 1 1 1 1 16. 1 1 1 1 1 1 1 17. 1 1 1 1 1 1 1 18. 1 1 1 1 1 1 1 1 | How long in above place of death? | de city or town limits, write RURAL and give nearest town) |
| How long in hospital or institution? 3. (a) FULL NAME A. S. Deter or race 6. (a) Single, married, widewed, or diverced W. D. Town and widewed, or diverced G. (b) Name of bushand or asis. M. Buy and M. S. (c) It sites, give age. MEDICAL CERTIFICATION 19. Bart of DEATH. 19. Bart o | nospital, institution, or street audress where beath occurred: | |
| 4. Sex S. Obler or race S. (0) Single, merried, vidowed, or divercal S. (0) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale M. Berginner Was S. (6) Hame of hurband or sale A. (6) Hame of the hurband or sale A. (6) Hame of th | How long in hospital or institution? | |
| 4. Sex S. Color or race S. (O)Single, married, widowed, or divorced 6. (O) Name of hurband or saide, M | 3. (a) FULL NAME | 3. (b) Social Security Number |
| 6.(b) Name of hubband or sale. M. Bery annual (Dack 5.(c) It alive, give age 4 2 years 8. AGE: Years Medius Days (I less than one day 10. Usual occupation Medical Common County, and asyee) 10. Usual occupation Medical Common County, and asyee) 11. Industry or business 12. Rame. Well and County Land. 13. Birthplace Managed Land. County Land. 14. Maiden name. Annual County Land. 15. Birthplace Managed Land. County Land. 16. Informant Managed Land. County Land. 17. Duyia County Land. 18. Purposite the cause to which death should be charged statistically. 19. Landers Formand D. Land, County Land. 10. Usual occupation, or removal. Which J. Date therefore Medical County Land. 10. Usual occupation for the conditions 11. Industry or business 12. Rame. Well and County Land. 13. Birthplace Managed Land. County Land. 14. Maiden name. Annual County Land. 15. Birthplace Managed Land. County Land. 16. Informant Managed Land. County Land. 17. Duyia (County) Date therefore Medical County Land. 18. Funeral director. County County Land. 18. Funeral director. County Land. 18. Funeral director. County Land. 19. Managed realistic ally. 20. Date of Beating. 27. 19. 21. Central of the date above stated: that latended deceased trom and final tilended deceased trom the date above stated: that latended deceased trom and final tilended deceased trom and final tile | mss. Jane Phelps ward. | or (o) been becamy ramper |
| 8. AGE: Vears Mighths Days It less than one day 9. Birthplace Conception A Construction of the conditions of the condit | 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced | MEDICAL CERTIFICATION |
| 8. AGE: Vears Mighths Days It less than one day 9. Birthplace Conception A Construction of the conditions of the condit | 1 W. manned. | 20. DATE OF DEATH July 27 1947 110 A. |
| To Birth date of decessed (mo., day, yr.) Capacity of these shan one day that I last saw h. Mailve on Andrew 19 min. 8. AGE: Years Mights Days If less than one day the hars. 9. Birthpiace Accountly, and style of the conditions. 11. Industry or business 12. Name Williams Calmand Angley 13. Birthpiace Williams Calmand Angley 14. Maiden named and y Claud Wathers 15. Birthpiace Williams Calmand Angley 16. Information or removal. Which Date thereoff Willy 30 (1901) 17. Wy'a / (Barish, cremation, or removal. Which) 18. Funeral director Accountly. Date thereoff Willy 30 (1901) 18. Funeral director Accountly. Which) 18. Funeral director Accountly. Which Date thereoff Willy 30 (1901) 19. Address Williams Days Robert Address Accident, suicide, or homicide. 19. Where did injury occur? (City or town) (County) (States) Injured at home, farm, industry, public place (where?) Means of injury injured at work? M. D. or other | 6.(b) Name of husband or wife N. Benjamin Wael | 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from |
| 7. Birth date of deceased (mo., day, yr.) Capiel 3 - 9 0 4 | 6.(c) It alive, give age, 42 years | |
| 8. AGE: Years Marks Days If less than one day 4 3 4 4 4 hrs. min 9. Birthplace Accounts, and styte) 10. Usual occupation Accounts, and styte) 11. Industry or business 12 12. Name Accounts and Styte Accounts, and styte) 13. Birthplace Accounts Accoun | 7. Birth date of | |
| 9. Birthplace | The state of the s | Immediate cause of death |
| S. Birthplace | 43 4 14nrsmin. | |
| 10. Usual occupation Accounty, and experies 11. Industry or business 12. Name. William Edward Migley 13. Birthplace Was folia Major findings of operations. 14. Maiden name and Claud Washing 15. Birthplace Was folia Major findings of operations. 16. Informant Major findings of operations. 17. Duy at Major findings of operations. 18. Funeral director or removal. Which? 19. Cemetery or crematory. 19. Cemetery or crematory. 19. Funeral director of forman Major findings of operations. 19. Funeral director of forman Major findings of operations. 19. Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actops results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Date of major findings of operations. (City or town) (Country) (State) Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work? M. D. or other | J. DITINUISC. IW. Williams | |
| 11. Industry or business 12. Name | (Town, county, and state) | *************************************** |
| 12. Name william Edward and gley 13. Birthplace work Claud wathing 14. Maiden name and Claud wathing 15. Birthplace work Claud wathing 16. Informant Claud Survey Claud Address will avoille, and 16. Informant Claud Survey Claud Address will avoille, and 17. Burial (Burial, cremation, or removal. Which) Cemetery or crematory Cemetery or crematory Location Severy Class Roads A. A. G. M. 18. Funeral director. Round Which) Address Add | 10. Usual occupation | Due to |
| (Include pregnancy within 3 months of death) 14. Maiden name. 15. Birthplace Autops Personal Secretary Secretary (Sixtee) Address Pullersville, rus. 17. Buyia / (Burial, cremation, or removal. Which) Cemetery or crematory Salary (May) (year) Location Severy Cross Roads A. A. G. M. 18. Funeral director. Address Flew Burnie Md. 21. Maiden name. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistics. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE M. D. or other | | |
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| 16. Informand Publish Burnie Md. 16. Informand Publish Burnie Md. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE M. D. or other | | (Include pregnancy within 3 months of death) |
| 16. Informand Publish Burnie Md. 16. Informand Publish Burnie Md. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. Autopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meens of injury injured at work? 23. SIGNATURE M. D. or other | 14. Malden name | Major findings of operations |
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| Date thereof Date thereof Date thereof Date thereof Date thereof Date of | Address | |
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| Location Severn Cross Roads, H. H. G. Ma. Injured at home, farm, Industry, public place (where?) 18. Funeral director Romas W. Dingstan Address Address 19. 7-78 19.47 Meens of injury 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | 132 1 d. 11 Marchia | |
| 18. Funeral director Romas W. Dingston Address Hen Burnie Md. 23. SIGNATURE Meens of injury tnjured at work? | | |
| 18. Funeral director. Address Flew Burnie Md. 23. SIGNATURE Lander Flawber M. D. or other M. D. or other | 2P 15 0: 1-1 | |
| 23. SIGNATURE M. D. or other | 18. Funeral director. A complex w. D. M. Alabora | Injured at mark! |
| 19 7-28 1947 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | Address Flew Durnie Md. | 23 SIGNATURE Secretare Alareber (US). |
| | 19. (Date rec'd by registrar) Registrar | Ol O O M. D. or other |



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

| 15 | | |
|---|--|--|
| 1. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) | |
| County | State Md. County A. A. Go. | |
| City or town Rural Cedar Park (If outside city or town limits, write RURAL and give nearest town) | | |
| How long in above place of death? | City or town. Rural Cedar Park (If outside city or town limits, write RURAL and give nearest town) | |
| Hospital, institution, or street address where death occurred: | Street No. Wells Ave. | |
| Wells Ave., Cedar Park | (If rural, give LOCATION) | |
| How long In hospital or institution? | 2.(a) If veteran, name war | |
| 3. (a) FULL NAME | 3. (b) Social Security Number | |
| Walls | None | |
| 4. Sex . 15. Color or race 5.(a) Single, married, widowed, or divorced | MEDICAL CERTIFICATION | |
| Cremale Col Widewerd | 20. DATE DE DEATH Jacky 20, 1847 at 12/35 7 | |
| 6.(b) Name of husband or wife James Wells | 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from | |
| | s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 7. Birth date of | and that I last saw it and it all the same and | |
| deceased (mo., dey, yr.) RACE. Years Months Days tf less than one day | Immediais gause at chath | |
| S. AGE: | Chebial apopoling scharge | |
| 64 ,min. | | |
| 9. Birthplace | Due to | |
| | arterial Try Jovension hor 198 | |
| 1B. Usual occupation Housewife | Due to | |
| 11. industry or business None | | |
| Henry Johnson | Diher conditions | |
| Henry Johnson 13. Birthplace A. A. Co. | (Include pregnancy within 3 months of death) | |
| | | |
| | Major findings of operations. | |
| | Date of op. | |
| 16. Informant | Autopsy results | |
| Address Wells Ave. Cedar Park | | |
| m /o. /. m | 22. VIOLENCE: tf death was due to external causes, fill in the following: | |
| 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) | Accident, suicide, or homicide | |
| Cemetery or crematoryFlowlers Chapel | Where did injury occur? (City or town) (County) (State) | |
| Location Bestgate, Md. | Injured at home, farm, Industry, Jubic place (where?) | |
| 18. Funeral director Mrs. Charles E. Hicks | Maans of injury thjured at work? | |
| Address 43-45 Northwest Street | - 23 SIGNATURE Lylvayan M.D. | |
| July 24 , 47 month | M. D. or other | |
| (Date rec'd by registrar) Registra | Address Date signed | |

PLEASE WRITE PLAINLY, WITH CKFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

